



Traumatic & Acquired Brain Injury Mini-Grant Program

**Verification of Diagnosis
For Traumatic and Acquired Brain Injury**

Applicant/Recipient Name: _____ Date of Birth: _____

The information requested by this form, which ~~text~~ must be completed by a *physician, a physician assistant, an advanced nurse practitioner, registered nurse, speech language pathologist, occupational therapist, physical therapist, naturopathic physician or a neuropsychologist*, will assist to determine if the applicant/recipient qualifies for the TABI mini-grant program. ~~Questions may be directed to Alaska Brain Injury Network, the mini grant coordinator, by calling 907 274 2824 or 1 888 574 2824.~~

"Traumatic or acquired brain injury" means an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental state and that results in a decrease in cognitive, behavioral, emotional, or physical functioning, as defined in Alaska Statute 47.80.590. An acquired brain injury is an injury to the brain that has occurred after birth and is not induced by birth trauma, such as a stroke.

I certify that the above named individual has a current diagnosis of Traumatic or Acquired Brain Injury, and is currently experiencing symptoms as a result of the brain injury.

Diagnoses (*Please do not use ICD-9 or ICD-10 codes*):

Primary: _____

Secondary: _____

Additional: _____

I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

Medical Provider Signature/Credentials

Date

Provider ID #

Printed Name/Credentials

Telephone Number

This form submitted alone does not constitute an application for funding and must be accompanied by a complete TABI Mini-Grant application in order to be considered for an award.

Practitioners may fax the completed form to Alaska Brain Injury Network at 907-274-2826. Thank you.