



**The Brain Injury Association of America – Maine Chapter**  
C/O The Brain Injury Association of New Hampshire  
52 Pleasant Street  
Concord, NH 03301  
Phone: 800-444-6443  
Fax: 603-228-6749

Dear Applicant,

Thank you for your interest in The Brain Injury Association of America – Maine Chapter’s NeuroResource Facilitation Program. This program aims to assist families and individuals who have experienced a brain injury or stroke in navigating the process of identifying and accessing community resources.

If you are struggling with attaining the appropriate services, we ask that you fill out the enclosed application and release form. The office will contact you to further discuss how this program works. All materials should be mailed or faxed to:

The Brain Injury Association of America – Maine Chapter  
C/O The Brain Injury Association of New Hampshire  
52 Pleasant Street  
Concord, NH 03301  
Fax: 603-228-6749

To be eligible for the program you need be a legal resident of Maine, have experienced a brain injury or stroke, be expected to benefit from the services, have a personal champion<sup>(1)</sup> or guardian, and have goals or objectives you would like our assistance with.

If you have any questions regarding the Brain Injury Association of America - Maine Chapter’s NeuroResource Facilitation Program, please feel free to call The Maine Brain Injury Information Center at 800-444-6443.

Sincerely,

Brain Injury Association of America – Maine Chapter

Enc. Program Resource Sheet  
Application (Intake Form)  
Release of Information

(1) Champion: Def. Natural support person that the Brain Injury Association of America - Maine is allowed to speak with on your behalf; cannot be a professional or hired assistance. Examples include spouse, friend, brother/sister, co-worker, etc.



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## **NeuroResource Facilitation Program Resource Sheet**

**NeuroResource Facilitation:** Def. A partnership that assists individuals to receive information that will enable them to make informed choices for services and supports in meeting their individual needs.

This involves individuals living with brain injury or stroke and their personal support systems working in partnership with NeuroResource Facilitators who provide assistance in navigating systems and acquiring services and support to achieve agreed upon goals. We do not directly provide the services, but the support and resources in acquiring them.

### **Eligibility:**

- Legal Resident of ME.
- Be expected to benefit from the services.
- Have a personal champion or guardian.
- Have goals or objectives that they would like us to assist them with.

### **Neuro-Resource Facilitation Activities may include:**

- Completing an intake form including identifying information, participant's needs and current resources.
- Educating the community and personal support system(s) to understand how barriers may impact the lives of the participants.
- Planning mutually agreed upon goals with services and/or supports needed to reach them.
- Identifying and locating resources, services and supports.
- Facilitate access through the development and/or referral of resources, services and supports.
- Monitoring the status of the goals and the quality and appropriateness of services and supports. Adjusting services and supports as needed to attain goals.
- Provide outreach services to help identify individuals who could benefit from this program.
- Assisting participants to advocate for themselves.

**The NeuroResource Facilitation Program does not provide any direct services.**

**If you have a referral or questions about the Brain Injury Association of America - Maine Chapter's NeuroResource Facilitation Program, please call The Maine Brain Injury Information Center at 800-444-6443.**

[Mission: To create a better future through brain injury prevention, education, advocacy and support.](#)



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**NEURORESOURCE FACILITATION INFORMATION FORM**

Name:  
 Address:

Phone Number:  
 E-Mail Address:  
 Date of Birth:  
 S.S.#:  
 Application Completion Date:

How did you receive your injury?

Date of your injury: \_\_\_\_\_

Were you ever in a coma, if so, for how long?

How old were you at the time of your injury?

**\*REQUIRED\***

Guardian or Champion Name:

Phone #:

Relationship: Champion or Guardian (please provide documentation)

Have you ever served in the Military or National Guard?    Y        N

What do you currently have for medical insurance?

Doctors/Facilities Attended:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>
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Benefits you are receiving:

SSI	Y N	Medicaid	Y N	(If Yes, Medicaid#:	)
SSDI	Y N	Medicare	Y N		
VA	Y N	Private Ins.	Y N	Pension	Y N



Other:

Interested in assistance with (circle all that apply):

Benefits

Housing (\*Paperwork Help)

Advocacy

Therapy

Doctors

MaineCare Paperwork

Employment

Respite

Day Services

Counseling

Other:

How did you hear about this program (please circle one)?

- Called the office
- Training/workshop
- Flyer
- Social Worker/Case Manager
- Office of Aging and Disability Services Referral
- Someone else

Is someone filling out this form on your behalf?   Y   N

If yes, who?

We understand that a referral has been sent to the Brain Injury Association of America – Maine Chapter for the NeuroResource Facilitation Program. We understand that signing this form does not mean that we need to participate in the program.

Individual/Guardian Signature: \_\_\_\_\_

Champion or Ward Signature: \_\_\_\_\_

Is there anything else you would like us to know?

