

Applying for a Children's Miracle Network Hospitals® Patient Grant



CMN Hospitals at Gundersen Health System may help provide funding that is otherwise unavailable for equipment, services, technology, camps, respite care and more to help children with chronic illnesses, trauma or disabilities. It's intended to help when other sources of funding have been exhausted and is not for items or services covered by insurance or other social programs. Requests will be subject to an income and expense assessment.

To make the process as easy as possible, there is an online grant application. This online grant application is supported by Google Translation, and if needed can be converted to another language from the "Select Language" dropdown menu on the left side of the screen.

If you do not have an email address, access to a computer or you need help with your grant application, call the CMN Hospitals Social Worker at (608) 775-5247.

To request a CMN Hospitals patient grant using the online grant application:

- Go to www.gundersenhealth.org/foundation/childrens-miracle-network-hospitals.
- Click on the blue "Apply for a Grant" link.
- First-time users will need to create an account:
 1. Click on "Create New Account."
 2. For Organization or Individual Applicant Information enter Applicant Name and Postal Code (zip code), then click "Next."
 3. For User Information, fill in your first name, last name, and email as your username. Your phone number and address are optional. Then click "Next."
 4. Enter a password and confirm password.
 5. Click on "Create Account."
 6. When asked to confirm if you received an email, click the appropriate button, then click "Continue."
- Note: To return to the site to edit or submit your application, login using your email and password.
- You will now see the application site. Please start by reading "What you need to know..."
- If you wish to start an application, click "Apply" in the "2021 Children's Miracle Network Hospitals Patient Specific Grants For A Child" box in the upper right hand corner.
- Fill out the application.
 - You can click on "Save Application" and return to the application later.
 - There is an area to upload your medical letter of support as well as an estimate of the item. These need to be complete before the application can be reviewed.
 - All starred (*) questions are required
 - **If you are also applying for Thunder Ride Funding for Children with Diabetes, click "yes" when asked after answering your Child's Primary Diagnosis. Your grant application will be forwarded to that program as well.** Note that this is for Gundersen Health System patients only and is separate from Children's Miracle Network Hospitals.
 - Click on the "Submit Application" button when complete.

CMN Hospitals Patient Specific Grants
Email: cmngrants@gundersenhealth.org
Phone: (608) 775-5247 | Fax: (608) 775-6601