Bellows Fund Application

We are pleased to offer the *Bellows Fund* which helps provide AT equipment to individuals with disabilities. This program is available only through UCP affiliates.

Assistive Technology (AT) often plays a vital role in the lives of people with disabilities. AT is any item, piece of equipment, or product that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities.

Each request is reviewed on an individual basis. Requests may be granted with full payments or partial payments dependent on financial need. Financial eligibility will be established based upon tax returns and other financial records of the patient or his/her financial guarantor if necessary. Providing proof of income will be requested. Many factors are included in the decision-making process, and it also depends on what funds we have available at the time of the request.

To Apply for Funds

1. Complete the attached Application Form
2. Obtain a Letter of Support from a physician, therapist, psychologist, rehabilitation engineer, assistive technology professional or teacher that indicates the equipment requested is consistent with the goals and abilities of the patient. A Letter of Support Form is attached.
3. Include a copy of your quote/invoice for the equipment or technology requested.
4. Include a copy of your most recent Federal Tax Form 1040. (pg.1, showing adjusted gross income)

Send completed Application and required documents to:

Email: KMyhre@gillettechildrens.com

Distribution of Award

You will be notified by email from the review board of the decision to either grant or deny funding for the equipment requested.

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Applicants Name _____ Birthdate _____

Address _____ Phone Number _____

City _____ Zip _____ County _____

Name of person completing application _____ Email address _____

Relationship to Applicant _____

Equipment to be purchased: Be as specific as possible, item, description, product #, supplier/vendor and cost

_____

_____

_____

_____

How will this item increase the independence or benefit the person using it

_____

_____

_____

Have you had the opportunity to try this item? If so, what were the results?

_____

_____

_____

Has this equipment been recommended by a professional, such as M.D., P.T., O.T. or speech therapist?

_____

Name _____ Title _____ Phone # _____

Are you receiving benefits from: _____ SSI _____ SSDI _____ TEFRA

Do you have health insurance? _____ Do you receive Medical Assistance? _____

Tax return adjusted gross income? _____ Size of Family _____

(line 11 on 1040) Please attach copy

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Letter of Support

Obtain a Letter of Support from a physician, therapist, psychologist, rehabilitation engineer, assistive technology professional or teacher that indicates the equipment requested if consistent with the goals and abilities.

Name of Applicant: _____

Equipment Requested: _____

Please describe the benefit to the child/patient of the proposed equipment:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed Title Date