

UNITED CEREBRAL PALSY ASSOCIATION OF GREATER INDIANA, INC.

DL SPORTS FUND - Application - Page 1 of 2

Date of application: _____ Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone: _____ Date of Birth: _____

Contact Name: _____ Relationship: _____

Address: _____

City: _____ Zip: _____ County: _____

Telephone: _____ Telephone: _____

Applicant or Guardian Employer: _____

Position: _____ Work telephone: _____

Item Requested: _____

Recommended by: _____

Title: _____

Goal (check one or more - attach written recommendation relating to goal):

- this request will provide access to the following inclusive sport or recreation:

- this request will promote appropriate exercise and health
- this request will promote improvement of self-esteem
- other (specify): _____

Preferred Vendor: _____

Vendor Address: _____

Vendor Contact: _____ Vendor tel.: _____

A. Application Process

1. All individuals requesting financial assistance through the DL Sports Fund will be sent an application packet including:
 - a. an application form
 - b. a brochure describing the program
 - c. a summary of the guidelines
2. Only residents of Indiana who have cerebral palsy will be eligible for application.
3. Eligibility will be without regard to county or town of origin or residence or the number of previous requests or approvals.

B. Documentation Required

1. All applicants for funding through the DL Sports Fund must provide the following documentation:
 - a. recommendation by one of the following professionals for the requested equipment or expense:
 1. therapist or doctor
 2. social worker or teacher
 3. recreation therapist or physical education instructor
 4. individual certified to teach, coach or supervise activity
 - b. written vendor estimate including vendor name, address, telephone
 - c. proof of income (pay stub, tax return or SSI authorization)
2. Applications for items that may be covered by private insurance, Medicaid, Children with Special Health Care Needs' funding, Family Subsidy or other must be accompanied by a legible copy of the written notice of denial or partial approval. In some instances, applicants may be requested to re-apply prior to consideration for DL Sports Funds.
3. Applications for items that may be covered in an Individual Education Plan (for school-aged children) or an Individual Treatment/Service Plan (for adults and children) must be accompanied by a legible copy of the Plan. In some instances, applicants may be requested to pursue amending the plan to include purchase of the item requested.
4. Additional documentation may be required for some items/expenses and will be noted on the application form.

C. Application for Review/Approval

1. With the exception of requests which exceed the maximum cap cited in #2 below, all completed applications (with supporting documentation) will be submitted to the DL Sports Fund Steering Committee for review on the third Monday of February, May, August and November of each year.
2. The DL Sports Fund Steering Committee may approve requests up to \$800.

3. Requests in excess of the amount in #2 above will be submitted to the Program Committee upon the recommendation of the DL Sports Fund Steering Committee.

4. Individuals whose application is considered will receive written notification of the Committee's decision within seven (7) days of consideration.
 - a. if the request is approved, a copy of the written notice of approval will be sent to the vendor authorizing billing;
 - b. if the request is tabled, an explanation of specific additional requirements will be included in the letter;
 - c. if the request is recommended to the Program Committee, the request will be on the agenda of the next regularly scheduled Program Committee and a date will be included in the letter;
 - d. if the request is denied or not recommended, an application for appeal of the decision will be included with the letter; insofar as is possible, alternative funding sources will be suggested.

D. Conditions of Assistance

1. Only monetary assistance will be provided. UCPAGI will not buy, sell, rent, lease, loan or give any item for or to an individual. All payments are to be made directly to the vendor of the client's choice. It is to be mutually understood that the applicant is the BUYER; UCPAGI is only providing monetary assistance.
2. Only itemized, approved invoices will be honored for the amount approved.

E. Financial Eligibility Guidelines

1. The following sliding fee scale will be applied to all requests; family annual income will be computed by deducting \$1,500 for each dependent from the annual gross income of the household:

<u>Annual adjusted income</u>	<u>Maximum % of request</u>
below \$8,049	100
8,050 - 12,049	95
12,050 - 16,049	90
16,050 - 19,049	80
19,050 - 25,049	70
25,050 - 31,049	60
31,050 and above	50

2. Consideration will be given to written explanations and/or documentation of extenuating financial circumstances which may result in waiving the sliding scale.

F. Appeal Process

- a. All applicants will have the right to appeal the decision of the DL Sports Fund Steering Committee within thirty (30) days of notification. Appeal hearings will be conducted by the Program Committee within thirty (30) days of an appeal. The decision of the Program Committee is final.