



### **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 payment 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)

### **Distribution of Award**

You will be notified by email or letter after a the local review of the decision to either move forward with the grant request or deny funding for the equipment requested.

Send completed Application and required documents to:

Email (preferred): [tbreaker@ucpwcw.org](mailto:tbreaker@ucpwcw.org)

UCP of West Central Wisconsin

Attn: Executive Director

2153 EastRidge Center

Eau Claire, WI 54701



Please complete both page 1 and Page 2

**PAGE 1**

**Person Information**

Nominee Name:

Date of Birth/Age:

Parent/Guardian Name (if applicable):

Address:

City:

Zip:

E-mail:

Phone Number:

Amount Requested:

Please answer the next two questions. Neither of the next two questions qualifies or has any impact on this request.

Have you requested Bellows Funds in the past: Yes            No

Have you received Bellows Funds in the past:

(This ends Page 1)

**PAGE 2**

**Description**

Description of the item or equipment:

(please attach or provide any additional information along with this document that can provide better information about the product including any brochure or exact pictures of the item that is requested)

How will this item benefit the person:

Please provide a breakdown of cost and a total cost:

**Financial Summary**

UCP of West Central Wisconsin must verify that the nominee has exhausted other financial resources as a part of the local review process prior to approval to submit for the Bellows Fund Committee.

Gross Household Income:

Size of the family:

Long Term Support Funding: Please Circle if applicable

**CLTS      FAMILY CARE      IRIS      MEDICAL ASSISTANCE      HEALTH INSURANCE**  
**Other (Please Explain):**

Long Term Support Contact Name & Agency/County:

Contact information of above named person:

Is this item requested, covered by a current program? **YES      NO**

List other funding options that have been approached to pay for this item:

**Please attach any denials from CLTS, Family Care or IRIS**

Nominee, Parent/Guardian Consent: By signing below, you certify that the above information is accurate. Additionally, you consent for UCP of West Central Wisconsin to verify, if needed, with your formal contacts (Case Manager, IRIS Consultant, Care Manager, other designated formal contacts) that the requested item is not covered through another source. Your signature also verifies your consent to submit this request on behalf of the nominee to the Bellows Fund Committee if the local UCP affiliation agrees to the request.

Signature:

Date:

