



O'Berry Center Foundation Family Support Request Form



The O'Berry Center Foundation grants requests for family support only when all other funding sources have been exhausted. An individual requesting assistance from the foundation must provide supporting documentation that they have exhausted their search from other funding sources. All equipment awarded through these grants are on loan to the family and must be returned when they are no longer needed as determined by professional assessments and feedback from individual. There are no specific due dates for applications. Although applications are accepted throughout the year, the best time to submit an application is at the beginning of the calendar year to ensure that foundation funds will be available at the time of your request.

The Foundation only funds equipment requests. The amount of funding available to a family per request cannot exceed \$5,000.00. Please be aware that we send professionals on home visits to assess and confirm the needs identified. We do purchase assistive technology and durable medical goods for individuals but cannot assist with purchasing vehicles. We can help with equipment modifications to existing vehicles if they are in good serviceable condition. If you are awarded a grant you must agree to have a formal evaluation with the Foundation. This may include photos, a report, or a video that shows how the life of the individual has improved with the addition of the equipment. This will be required no more than four times a year and must occur throughout the time the equipment is on loan.

Summary of Guidelines:

- Individual receiving the equipment must have some form of moderate intellectual disability and/or MR (mental retardation) diagnosis to qualify.
- All equipment is owned by the Foundation, but can be loaned out for as long as equipment is needed.
- Individuals must live in one of the 67 counties the Foundation serves (listed on our website).
- Funding amount must not exceed \$5,000, but there is no minimum limit to your request.
- We do not fund the purchase of vehicles, renovations, or therapy sessions of any kind.
- Applicant must have exhausted his/her search for other funding sources, and must not be able to afford to purchase the equipment on their own.
- Applicant must agree to have a formal evaluation with the Foundation, which includes home visits and contact a minimum of four times a year, until such time the loaned equipment is no longer needed and is returned to the Foundation.

Required items: If these items are not available the request cannot be processed.

1. A copy of a minimum of one professional evaluation that supports the need for the equipment requested.
2. A list of all others who have not granted you funding.
3. Invoice from the Vendor explaining breakdown of all equipment costs, taxes, and shipping.
4. The attached completed form.

Information that is required for those requesting Grants maybe returned to the Foundation by either:

- A. FAX: 919-581-4009
- B. Emailed to: michelletucker@oberrycenterfoundation.org
- C. Or mailed to: The O'Berry Center Foundation
P.O. Box 1157
Goldsboro, NC 27533-1157

Need additional information? Call 919-581-4187

*****Be sure to include all requested information or your request cannot be processed*****



O'Berry Center Foundation Family Support Application Form

Date of Request: _____

1. **Name of the Person Completing this Application:** _____

Relationship to person who will receive this equipment, i.e. Case Manager, Parent, Guardian, etc.:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

County _____ Private Provider Name: _____

If #1 is not Case Manager, please provide Case Manager contact information if you have one:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

2. **Name of the individual who will benefit/use the equipment:**

_____ Relationship to No: 1 _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: _____ - _____ - _____

Email Address: _____ Age: _____ Birthdate: ____ - ____ - ____

This individual lives:

- | | |
|--|--|
| <input type="checkbox"/> At home with family and is a minor | <input type="checkbox"/> At home with family as an adult |
| <input type="checkbox"/> In an ICF/MR Community Group Home | <input type="checkbox"/> in a DDA home |
| <input type="checkbox"/> At private home with non family members | <input type="checkbox"/> at a facility |

*****Be sure to include all requested information or your request cannot be processed*****

3. Diagnosis (may attach additional information):

3. Explain how applicant meets the significant cognitive impairment/MR diagnosis requirement (please attach documentation from professional evaluation):

5. What is needed and why? How much does your request cost? _____

(Provide copies of any formal assessments and recommendations that support above.)

6. Is the person who will use the equipment a recipient of: (Check all that apply)

- CAP – MR or CAP – C Waiver Funding Medicaid Funding
- Personal Insurance Coverage First in Families Generations-Tadpole
- Easter Seals UCP NC Health Choice Coverage
- Other: Please Specify: _____

7. List funding sources that you have approached for support and their response: (Please remember to check with local civic groups, churches, First in Families, Generations Tad-Pole, Easter Seals UCP, Family Support Network of NC, CAP-MR, NC Health Choice, Private Insurance, Any Entitlement Program, etc)

<i>Name of Organization</i>	<i>Response to Request</i>	<i>Date Received</i>
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

Add others on back if necessary:

*****Be sure to include all requested information or your request cannot be processed*****

8. Tell us about your family:

A. Parents Married Divorced Separated Deceased

1. *Father's Name:* _____ *Age:* _____

Address (if different from above) _____

City: _____ State: _____ Zip Code: _____ Tele: ____ - ____ - ____

Employed Retired ANNUAL INCOME: _____

Occupation: _____ Employer: _____

2. *Mother's Name:* _____ *Age:* _____

Address (if different from above) _____

City: _____ State: _____ Zip Code: _____ Tele: ____ - ____ - ____

Employed Retired ANNUAL INCOME: _____

Occupation: _____ Employer: _____

B. Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

*******Be sure to include all requested information or your request cannot be processed*******

9. Please explain any financial hardships or circumstances that would document your inability to afford the equipment requested.

10. Please discuss any hardships (other than financial) that not having this equipment funded will cause on the family or this individual? (Answer concisely below)

11. If funded would you agree to furnish the Foundation with information (via video or pictures, along with written narratives) twice during the first **24** months after the equipment is received? This information would be used as advertising that explains what the Foundation does and who and how it helps?

Yes No

*******Be sure to include all requested information or your request cannot be processed*******

O'BERRY CENTER FOUNDATION
FOR RECIPIENTS UNDER 18 YEARS OF AGE

CHILD MEDIA RELEASE

Today's Date _____

Child's Name (*Please Print*) _____

Child's Date of Birth _____

I hereby certify that I am the parent/guardian of _____, who is under the age of 21 years (or is over 21 but permission must be given by the guardian). On my child's behalf, I consent to assign all rights to the narratives, photographs, videotape, film and/or sound recordings made of my child by O'Berry Center Foundation and I authorize the use of the same by O'Berry Center Foundation. This also applies to those acting with O'Berry Center Foundation's permission for the purpose of print or Internet publication, illustration or broadcast in connection with the work of O'Berry Center Foundation. I understand that use of the aforementioned media may include publication on O'Berry Center Foundation's Internet site. This release will be in effect for original use, such as filming and/or recordings, during a two-year period from the date listed above. I also understand that the materials developed during this time may be used for more than two years (e.g. a video which may have a shelf-life of multiple years).

To ensure my child's privacy, O'Berry Center Foundation will use only my child's first name when requested.

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

(Parent or Guardian)

Street Address

City State Zip

Phone Number

Email

(Witness for O'Berry Center Foundation)

*****Be sure to include all requested information or your request cannot be processed*****

O'BERRY CENTER FOUNDATION
FOR RECIPIENTS OVER 18 YEARS OF AGE

ADULT MEDIA RELEASE

Date _____

I hereby assign all rights to the narratives, photographs, videotape, film and/or sound recordings made of me by O'Berry Center Foundation and I hereby authorize the use of the same by O'Berry Center Foundation, and those acting with its permission, for the purpose of print or Internet publication, illustration or broadcast in connection with the work of O'Berry Center Foundation. This release will be in effect for original use, such as filming and/or recordings, during a two-year period from the date listed above. I also understand that the materials developed during this time may be used for more than two years (e.g. a video which may have a shelf-life of multiple years).

I certify that I am more than 21 years old.

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature

Street Address

City State Zip

Phone Number

Email

(Witness for O'Berry Center Foundation)

*****Be sure to include all requested information or your request cannot be processed*****

O'BERRY CENTER FOUNDATION
AGREEMENT

I agree to contact the O'Berry Center Foundation to return this equipment when it is no longer needed, so that if possible, it can be refurbished and loaned to another individual who could benefit from it.

I agree to have a formal evaluation with the Foundation, which may include home visit, phone contact, and routine customer satisfaction surveys.

Type of Equipment Received

Name Printed

Signature

Date

*****Be sure to include all requested information or your request cannot be processed*****