

Adaptive Equipment Application

The intent of this fund is to make access to appropriate adaptive equipment possible for children with disabilities and special needs. The primary purpose of this equipment should be to enhance the applicant's potential for recreation, mobility, and everyday living success. The mission of the review board is to provide awards to as many individuals as possible. Funds are limited and not all applicants will receive an award.

WHO MAY APPLY:

- Children and young adults under the age of 26 who have a disability or long-term injury that challenges their everyday living.
- Each request is reviewed on an individual basis. Requests may be granted with full payments or partial payment dependent on financial need. 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.
- If your application is granted and you receive funds, you will have to wait 2 years to re-apply.

TO APPLY:

1. Complete the attached Application Form.
2. Obtain a Letter of Support from a physician, therapist (e.g. a speech or occupational therapist), therapeutic recreation specialist, psychologist, 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. Please scan and **email** the completed Application form, Equipment quote, and Letter of Support to info@cwfusa.org

-or you may **mail** the copies to us at:

Chases Warrior Foundation

PO Box 931, Prior Lake, MN 55372

DISTRIBUTION OF AWARD:

You will be notified by letter, email, or via phone from a CWF board member regarding the decision to either grant or deny funding for the equipment requested. Awards are granted until the funds are exhausted. The CWF Board meets once a month. All applications will be reviewed on the meeting following the month they were received.

CWF does not give cash awards, all payment will be sent directly to the product vendor

Adaptive Equipment Application

Applicant's Name

Birthdate

Address

Phone Number

City

State

Zip

County

Name of person completing application

Email Address

Relationship to Applicant

Phone Number

Equipment Requested

Item/Description:

Product #:

Vendor:

Cost of Product:

Amount you will be able to contribute (please enter \$0 if you unable to contribute):

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

How did you hear about Chases Warrior Foundation?

Has this equipment been recommended by a professional, such as MD, PT, OT, TR or speech therapist?



LETTER OF SUPPORT

Obtain a Letter of Support from a physician, therapist (e.g. speech or occupational therapist), therapeutic recreation specialist, psychologist, rehabilitation engineer, assistive technology professional or teacher that indicates the equipment requested is consistent with the goals and abilities.

Applicant's Name

Equipment Requested

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

Applicant's Name

Birthdate

Phone Number

Address

City

State

Zip

Signed

Title

Date

This letter should be sent with the fund application if possible