

Adaptive Equipment Application

This funding aims to facilitate access to appropriate **adaptive equipment** for children with disabilities and special needs. The equipment is intended to support applicants in areas such as recreation, mobility, and daily living. The review board's objective is to distribute awards to as many individuals as possible. Due to limited funds, distribution will prioritize applicants whose needs most closely align with CWF's mission.

Applications containing any of the following will not be considered:

- Requests for monetary assistance with bills, services, or subscriptions (CWF provides support exclusively for adaptive equipment)
- Requests for household upgrades, bedding or modifications, bathing equipment, or general household items
- Requests for computers, computer software, wagons, or other items that are not specifically adaptive in nature

WHO MAY APPLY:

- Individuals under the age of 26 with a disability or long-term injury that affects daily living are eligible to apply.
- Requests are evaluated individually. Funding may be approved for full or partial payment based on financial need, available resources, and additional factors considered in the decision-making process.
- Recipients must wait two years before submitting another application for funds.

Application Requirements: All criteria below must be met for your request to be considered

1. Submit the completed Application Form provided.
2. Obtain a Letter of Support from a qualified professional—such as a physician, therapist (speech or occupational), therapeutic recreation specialist, psychologist, assistive technology professional, or teacher—confirming that the equipment requested aligns with the applicant's goals and abilities. Please use the attached Letter of Support Form.
3. Provide a copy of the quote or invoice for the equipment or technology requested.
4. Scan and **email** all required documents (**Application Form, Equipment Quote, and Letter of Support**) to info@cwfusa.org,

or alternatively, mail copies to:

Chases Warrior Foundation
PO Box 931, Prior Lake, MN 55372

DISTRIBUTION OF AWARD:

Have you applied for grants with any other organizations in the last 2 months?

If Yes, were you awarded any portion of your request? How much?

Award Distribution:

Please indicate whether you have applied for grants from other organizations within the past two months.

If applicable, specify whether any portion of your request was awarded and the amount received.

APPLICATION Grant Fulfillment Process:

Applicants will be notified by letter, email, or phone from a CWF board member regarding the decision to grant or deny funding for the requested equipment within a few weeks of the board meeting discussion.

Awards are determined based on available budget resources.

The CWF Board meets every other month, and all applications are reviewed at the meeting following the month they are received.

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



Chase's Warrior Foundation

Let Kids Be Kids

Adaptive Equipment Application - Today's date _____

Applicant's Name

Birthdate

Home 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 Name / Contact phone number:

Cost of Product:

Amount you will be able to contribute (please enter \$0 if you are 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 qualified professional—such as a physician, therapist (speech or occupational), therapeutic recreation specialist, psychologist, assistive technology professional, or teacher—confirming that the equipment requested is consistent with the applicant's goals and abilities. Please state the length of time the applicant is expected to benefit from the equipment.

Qualified Personnel Name _____ Title _____

Phone # _____

Applicant's Name

Equipment Requested

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

Applicant Name

Birthdate

Phone Number

Applicant Address

City

State

Zip Code

Signature

Title

Date

This letter should be sent with the fund application if possible