

The Brianna Fund for Children with Physical Disabilities, Inc.

Information and Application Packet

Welcome to the Brianna Fund for Children with Physical Disabilities, Inc. We have developed this information and application packet to assist you in the process of applying for a grant from the Brianna Fund. This application, along with a personal interview, will be used to determine your eligibility to receive assistance from the Brianna Fund. The support provided may be monetary, resource identification and/or linkage to appropriate services. **Monetary awards are not always possible.** Awards may also be in the form of mini-grants, matching funds grants, as well as individualized advocacy, connecting families with services in which they may not have been aware.

Mission and Purpose:

The Brianna Fund was founded in October 1998 to assist children with physical disabilities by eliminating barriers of access to community resources. By providing the necessary resources to solve pressing mobility issues, children with physical disabilities can enhance their capacity for living a full and productive life and be able to participate in all aspects of community life.

Who Makes Up the Brianna Fund?

The Brianna Fund is made up of a dedicated group of people (volunteers) who, in cooperation with others, want to create genuine opportunities for children with physical disabilities. We are committed to assuring that there are resources for children to grow up with physical, emotional and social independence.

Who Is Eligible to Receive Assistance?

Families with a child from birth to 22 years of age, who have a physical disability, which specifically relates to mobility and access. Awards from the Brianna Fund are not always financially based. The Angel Committee also works to connect families with community-based organizations and agencies, who may be able to provide further support(s).

How Will The Funds Be Administered?

The Brianna Fund is operated under the auspices of the Community Foundation of Western Massachusetts. The Community Foundation will assist the Brianna Fund in administering funds to children/families in the Greater Springfield area.

Application Availability:

Applications are available beginning in September and can be picked up at the following locations: Shriners Hospital for Children, Martin Luther King Jr. Family Services, and the Rebecca

Johnson Elementary School. Applications can also be acquired by calling Donna Johnson at **413 204-0145**.

Application Deadline:

All completed applications should be returned (by mail) to:

**The Brianna Fund
P.O. Box 1702
Springfield, MA 01101**

To be considered for the **2017-2018** funding cycle, this application and all accompanying documents **must** be received by the Brianna Fund **no later than the first week in December 2017**.

Process for Applying to The Brianna Fund:

The attached application must be completed in its entirety with questions fully answered. All appropriate requested documentation must accompany your application.

Your application will be reviewed by the Brianna Fund Angel Committee and given prioritization based upon need and availability of funds. Once a completed application has been received, members (1 or 2) of the Angel Committee will come to your residence to personally interview you to assure that all necessary information is collected for processing your application. During the home visit, members of the Angel Committee would also like to meet, as well as take a photo of your child. A determination on the acceptance or denial of your application will be made by the third week in December, and you will be notified in writing as well as by telephone of this decision.

The Brianna Fund for Children with Physical Disabilities adheres to a strict commitment to maintain contact with awardees throughout the entire application process, as well as the various phases of completing the specified project. Thus, the Brianna Fund requires that awardees keep the committee aware of any developments, changes in family status, or set-backs which may affect the overall time-line of the specified project. The Brianna Fund maintains a policy which helps to facilitate this process as effectively and efficiently as possible.

Awardees have 1 (one) year from the date they were first notified in writing of the acceptance of their application, to make significant progress towards the realization of the specified accessibility or mobility project as noted in their original application.

During this time, committee members will work with you to ensure that an effective timeline is set to realize the goals set forth. If significant progress is not made within the given time-line, the Brianna Fund reserves the right to rescind its commitment, and will require awardees to formally re-apply for support during the next award year.

Please note: All applicants must be a resident of Hampden County.

It is the expectation of the Board of Directors of the Brianna Fund that award recipients as well as their family members and friends will support the fundraising efforts of the Brianna Fund by:

- Attending event committee meetings to plan and implement annual fundraisers.
- Solicit donations, pledges, and/or contributions from family members and friends.
- Providing support to fundraising activities with your time, energy and commitment.

The Brianna Fund has three major fundraising events yearly, which take place between the months of January – June. They are as follows:

- The Dr. MLK, Jr. Gospel Benefit Concert (Dr. King's birthday weekend – January)
- The Brianna Fund Winter Gala & Silent Auction (Black Tie Affair – February or March)
- An event to be determined by the BF Event Planning Committee (June)

In addition, there is an award presentation which is usually held during the month of May. This is also National Disabilities Month. A Christmas/holiday celebration event is held during the month of December.

The Brianna Fund for Children with Physical Disabilities
Application Request

Name of Child _____

Date of Birth _____ Female Male Ethnicity: _____

Name of Parent(s)/Legal Guardian _____

Address _____

Phone (home) _____ Work _____

List other occupants living in the home

Is this child a resident of Massachusetts? Yes No

Is this child a resident of Springfield? Yes No

Person providing information: _____

Relation to Child: _____

Phone Number: _____

Program or school presently attending: _____ Grade: _____

School Address: _____ Phone Number: _____

Describe your child's specific mobility limitation(s) and physical disability(ies). Is this a long-term (permanent) or short-term (temporary) disability?

What diagnosis has been used to describe the child's condition? _____

Does the child use a mobility aid (wheelchair, cane, walker, etc.?) Yes No

If yes, please describe which mobility aid: _____

What types of services or supports are requested or needed for the child? _____

- Assistive Technology
- Communication Supports
- Home Health Care
- Respite
- Camp
- Mobility Assessment
- Adaptive Equipment
- Medical/Health Services
- Recreational Supports
- Parent/Caregiver Training
- Educational Advocacy
- Adaptive Resources
- Adaptive Assessment

Please check if the child is receiving any of the services listed below:

- Medicaid
- Medicare
- CommonHealth
- Kaileigh Mulligan

What are the child's sources of economic security?

- SSI, SSDI
- Public Assistance
- Family
- Other

Does the child receive services from any of the agencies listed below? Yes No

Agency	Service	Contact Person
Dept. of Mental Retardation	_____	_____
Dept. of Social Services	_____	_____
Dept. of Public Health	_____	_____
Dept. of Education (766)	_____	_____
Special Education	_____	_____

MA Commission for the Blind _____

Other(s): _____

Please attach to your application no more than a one (1) page Statement of Need describing how this request for assistance will enhance the quality of life for this child on a long-term basis.

As the parent/legal guardian of this child, I attest that the information provided is true and accurate regarding this child's physical/mobility limitation. If my child receives assistance from the Brianna Fund, I understand that I will be expected to commit to working with the committee to raise funds for The Brianna Fund events calendar year. I will ask five of my family members, and/or friends to make this commitment along with me. We will be asked to solicit donations, pledges and contributions to support the work of The Brianna Fund.

Signature of Parent(s) or Legal Guardian

Date Signed

Additional Information:

Child's Primary Physician: _____

Address: _____

Health Insurance: _____ Other Supplemental Insurance: _____

Documentation of Physical Disability:

Specific documentation of physical disability must be provided. This information shall included, but not be limited to, a letter from a physician; a recent educational evaluation; a current Individual Education Plan (IEP), Individual Family Service Plan (IFSP), Individual Support Plan (ISP). An eligibility determination will not be made solely on the basis of information contained in an IEP, IFSP, or ISP.

Please have your child's primary physical sign that this request for assistance as it relates to accessibility issues is appropriate for this child's mobility limitations.

Physician's Signature: _____

Date: _____

FOR COMMITTEE USE ONLY:

Date application was received: _____

Assigned to: _____

Date of home visit: _____

Signature of Committee Chair: _____

**THE BRIANNA FUND FOR CHILDREN WITH PHYSICAL DISABILITIES
PHOTO RELEASE AND CONSENT FORM**

I/we, _____ give permission to The Brianna Fund for
Parent or Legal Guardian

To take pictures of my child, _____
Child's Name

And to use them for publications, displays public exhibitions, promotions and advertising. The Brianna Fund also has permission to use my child's name with the photograph(s) in order to identify my child as the person in the photograph.

The publications, displays, public exhibitions, promotions and advertising may be done in print format (such as pamphlets, newsletters, or newspapers), on television or electronically (Internet).

I/we understand that I/we are not entitled to any compensation or payment for any publication, display, public exhibition, promotion or advertising containing my child's image.

By signing this release I/we agree that I/we understand the terms and conditions set forth in this Photo Release Consent Form.

Parent or Legal Guardian

Date Signed