Children's Services Council
PALM BEACH COUNTY
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United Way
United Way of Palm Beach County

Special Needs Equipment Fund Application

Please read the Special Needs Equipment Fund Guidelines before completing this application.

ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED.

Name of Child: _____ Sex: _____ Age: _____

School: _____ Grade: _____

Date of Birth: _____

Disability and/or diagnosis: _____

Method of Mobility: _____

Method of Communication: _____

Race/Ethnicity

- ☐ White non-Hispanic
- ☐ Black non-Hispanic
- ☐ Haitian (of any race)
- ☐ Hispanic (of any race)
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Multiracial/Multiethnic (two or more races or ethnicities)
- ☐ Other
- ☐ Unknown

Parent(s)/Guardian Name: _____

Address: _____

Zip Code: _____ Phone: _____

E-mail address: _____

Household Income (reference attached table):

- ☐ At or below 100% of the Federal Poverty Level
- ☐ 150% of the Federal Poverty Level
- ☐ At or above 225% of the Federal Poverty Level
- ☐ Unknown

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Referring Therapist:

Agency:

Address:

Phone: Fax:

E-mail Address:

1. **Equipment Requested**

a) Describe the equipment that is being requested:

b) Describe how this equipment will assist the child:

c) If the child has not tried this equipment, please explain why:

d) Who identified the need for this equipment?

e) Approximately how long will the equipment be used?

f) Has Clinics Can Help been contacted to see if the requested equipment is available free of charge?
☐ Yes ☐ If not, please explain:

g) Has the child received equipment from the Special Needs Equipment Fund in the past?
☐ Yes ☐ No

- If yes, please give an approximate date the equipment was received and brief description of the equipment:

- Was the equipment donated after use? ☐ Yes ☐ No

2. Insurance

Identify the child's health insurance provider (select all that apply):

- ☐ Medicaid
- ☐ Private Insurance
- ☐ APD Med Waiver
- ☐ Children's Medical Services
- ☐ School District (Hearing Aids)
- ☐ No Insurance
- ☐ Other (please specify):

Does the health insurance provider offer coverage for the equipment requested? ☐ Yes ☐ No

If the equipment requested is not covered by the child's health insurance provider, include a brief explanation below. **Note: A letter of denial from the declining insurance provider must be submitted for most items.** See the Special Needs Equipment Fund Guidelines for more details.

The Special Needs Equipment Fund is a fund of last resort and should only be accessed if the family has no other means of obtaining the recommended durable medical equipment. A contribution towards the cost of the equipment is suggested so long as it does not create a financial hardship for the family. Families who can contribute towards the cost of equipment should provide a donation to United Way of Palm Beach County on behalf of the Special Needs Equipment Fund. Donations can be submitted via United Way of Palm Beach County's website: https://unitedwaypbc.org/donate/.

Amount of family's contribution (if applicable): $ _____

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3. Vendor Quotes

Please attach **two price quotes** for each item requested. If two price quotes are not included (see Special Needs Equipment Fund Guidelines for exceptions), please explain vendor preference below.

	Vendor/Manufacturer Name	Price Quote	Shipping Cost	Total Cost
1.		$	$	$
2.		$	$	$

Does this equipment come with a warranty? ☐ Yes ☐ No

If yes, what is the cost? $

Indicate vendor/manufacturer preference and explain. If requested vendor price is higher than others, specify why the less expensive model will not meet the child's needs:

Total cost of the equipment requested (including warranty and shipping): $

Amount to be paid by the health insurance provider: $

Amount to be paid by civic, religious, or community organizations: $

Total Amount to be paid by the Special Needs Equipment Fund: $

In the event the purchase price of the requested equipment exceeds the maximum amount allotted per child each year ($7,000), please provide a justification for the expense in the Letter of Medial Necessity and reference the Special Needs Equipment Fund Guidelines for additional information.

NOTE: Payments from United Way of Palm Beach County's Special Needs Equipment Fund are always paid out in full to the chosen vendor. Please review the Special Needs Equipment Fund Guidelines for proof of purchase policy.

4. Attachments

Please attach the following items to this application (see the Special Needs Equipment Fund Guidelines for exceptions)**:**

- ☐ A letter of medical necessity from the licensed/certified provider who is recommending the equipment
- ☐ Medicaid or insurance denial letter
- ☐ Two vendor/manufacturer price quotes for the exact cost of the equipment
- ☐ Photo of the equipment
- ☐ AAC Device Addendum (if applicable)

5. Acknowledgement and Authorization

By signing this application, the submitting therapist and the applicant's family declare that the family is in need, has no other means to obtain the equipment, and will authorize release of any information contained herein to United Way of Palm Beach County to substantiate the request.

The submitting therapist and the applicant's family further declare that the equipment purchased will be used for the sole purpose for which it has been requested. Any misuse of equipment is not acceptable and can disqualify the family from accessing the Special Needs Equipment Fund in the future.

The applicant's family agrees that, to the best of their ability, they will attempt to donate the equipment to Clinics Can Help once it is no longer being used.

Finally, the family agrees that Clinics Can Help may call periodically to inquire as to whether the equipment is still being used.

I understand that approval of this request rests with the Special Needs Equipment Fund Committee and the board of directors at United Way of Palm Beach County.

_____ _____

Signature of Referring Therapist Date

_____ _____

Signature of Parent or Guardian Date

6. Application Submission

Completed applications and required attachments should be emailed to Shayene Weatherspoon, Director of Community Impact: shayeneweatherspoon@unitedwaypbc.org.

Applications that cannot be submitted via email can be sent via U.S. postal service:

United Way of Palm Beach County
Special Needs Equipment Fund c/o Shayene Weatherspoon
477 S. Rosemary Avenue, Suite 230
West Palm Beach, FL 33401

Please reference the Special Needs Equipment Fund Guidelines for details regarding the application approval process.

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AAC Device Addendum

1. Has the child been evaluated for assistive technology by the Palm Beach County School District AT/AAC team? ☐ Yes ☐ No
   - If not, has the child received an independent evaluation from an experienced SLP with access to various AAC devices and software applications? ☐ Yes ☐ No
2. Is this the first time the child has used an AAC device? ☐ Yes ☐ No
3. Which software application (app) has been chosen for the child? _____
4. How long has the child been using the requested equipment in speech therapy sessions?
   _____
5. Were other software applications evaluated before the requested app was chosen?
   ☐ Yes ☐ If not, please explain: _____
6. Why this particular app is the best fit for the child, given their age and diagnosis?
   _____
7. If approved, will the AAC device be used both at home and at school? ☐ Yes ☐ No
8. If approved, will caregiver(s) receive training on how to program the device with individualized vocabulary? ☐ Yes ☐ No
9. If approved, will caregiver(s) receive ongoing training and be empowered to encourage communication at all times? ☐ Yes ☐ No

Acknowledgement and Authorization

I certify that the information above is correct, and understand that approval of this request rests with the Special Needs Equipment Fund Committee and the board of directors at United Way of Palm Beach County.

_____ _____

Signature of Speech-Language Pathologist Date

Revised September 2023

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U.S. Department of Health and Human Services

Federal Poverty Guidelines for 2023

Number of Persons in Household	At or below 100%	150%	At or above 225%
1	$14,580	$21,870	$32,805
2	$19,720	$29,580	$44,370
3	$24,860	$37,290	$55,935
4	$30,000	$45,000	$67,500
5	$35,140	$52,710	$79,065
6	$40,280	$60,420	$90,630
7	$45,420	$68,130	$102,195
8	$50,560	$75,840	$113,760
9	$55,700	$83,550	$125,325
10	$60,840	$91,260	$136,890