



Dear Applicant,

Thank you for your interest in the Carolyn Scaglione Special Needs Fund, administered by Helpful Hands, NREIC. The Special Needs Fund is supported solely by private donations and funds are subject to the success of annual fundraising activities. Applications are reviewed quarterly by a volunteer committee made up of members of the Board of Trustees and team members of the Northeast Regional Early Intervention Collaborative, Inc.

The mission of the Carolyn Scaglione Special Needs Fund is to aid families with children under the age of three who are eligible for and participating in Early Intervention, who are impacted by the high cost of inclusive community classes, toys or adaptive equipment that is not covered by Part C, Medical insurance, Medicaid and/or other private or public funding sources.

Due to limited availability of funds, awards may not exceed \$500.00 in rolling year. There is a lifetime cap of \$250.00 for toys, individual requests may not exceed \$125.00 per application. Families may apply more than once, however, priority is given to first time applicants. Awards are based on several factors, including family size, income, need and availability of other financial resources. Submitting an application does not guarantee that you will receive assistance, or the full amount requested. These decisions are at the discretion of the committee and are based on the number of applications received.

In order for your application to be considered it must be received by the following deadlines:

- December 20th for January review
- March 20th for April Review
- June 20th for July review
- September 20th for October

You will receive a letter in writing stating whether your application was approved.

If you have any questions, please do not hesitate to reach out to me, I am happy to help.

Kind Regards,

Nancy May
Executive Director

The Carolyn Scaglione Special Needs Fund
Eligibility Criteria

Applicant must:

- Have a child currently eligible for and is actively receiving Part C Early Intervention Services. If there is a question about eligibility, a statement from the Service Coordinator may be requested.
- Be a resident of Bergen, Hudson, or Passaic Counties.
- Be the primary legal caregiver(s) for the child.
- Have a signed IFSP and request must be related to stated outcomes identified on the IFSP service pages.
- Family Cost Share payments must be up to date at time of application.
- Application must be fully completed and signed with the following documents attached:
 - If seeking reimbursement, submit copies of dated invoices or receipts.
 - If requesting toys or adaptive equipment complete and submit the itemized order form found at the end of the application packet.
 - Letter from parent/guardian stating why they are requesting assistance. All letters must be translated to English prior to submission.
 - Letter of support from the child's Unit Service Coordinator. Additional letters of support from Early Intervention Providers may also be submitted.
 - Letter of support from Early Intervention Provider is required if the request is for therapeutic toys. The letter must include a statement of other items found in the child's natural environment that were utilized to meet the child's needs.
 - A statement listing other sources of funding explored and secured. This would include partial payments or rejection of benefits from insurance, Medicaid, and/or any other public or private funding sources.
- Receipts for expenditures submitted must be dated within one year from date of submission.
- Completed applications need to be submitted to your Service Coordinator who will check the documentation and complete the Special Needs Application Review Form.
- Applications need to be emailed to tara@nreic.org by deadline date.

The Carolyn Scaglione Special Needs Fund
Eligible Services and Equipment

The following are services and equipment that are eligible for funds:

- **Inclusive Community Activities** - Tuition for classes and community activities that allow the child to participate in a social setting with their typical peers. These activities include, but are not limited to swimming lessons, classes that promote physical activity, craft classes, recreation programs, etc. Please include a detailed description of the program, statement of need as per IFSP, dates of attendance, and cost. Registration/Membership fees are not eligible for funds.
- **Disability/Culturally Specific Programs and Activities**- Innovative programs that target a specific disability that meet either a child or family outcome identified in the IFSP, connects families whose children have the same or similar life-long condition, or a program specific to the family's culture may be considered if the need is documented and is supported by the IFSP. Please include a detailed description of the program, dates of attendance, and cost. Registration/Membership fees are not eligible for funds.
- **Assistive Technology Devices** - Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities including orthopedic equipment. These devices may be considered if the need is documented and is supported by the IFSP. If seeking reimbursement please provide a detailed receipt. If the device is to be purchased, please provide detailed ordering information and NREIC will order and have it delivered directly to your home. Also, include a signed statement from a physician or medical professional, a statement of support from Early Intervention provider, proof of submission and rejection from other funding sources,
- **Developmental Toys** - Therapeutic toys are regularly employed in Early Intervention sessions. Having these toys present in the home enables parents to continue to support their child's development even when their Early Intervention provider is not present. The toys need to support either a child or family outcome identified in the IFSP. Please complete the order form attached to this application. NREIC will order the items and have them delivered to your home, unless an alternate address is specified in the space provided on the order form.
- **Conferences and Workshops Related to Child's Special needs** - The committee will consider applications for attending a conference or workshop directly related to your child's disability. Please provide detailed information about the meeting; and either a dated, paid, receipt if looking for reimbursement for a conference you have already attended; or registration information of a conference you would like to attend in the future.

The Carolyn Scaglione Special Needs Fund
Ineligible Services and Equipment

The following are services and equipment that are **NOT** eligible for funds:

- Early Intervention Family Cost Share Payments
- Medical Services
- Diagnostic Evaluations
- Clothing - unless adaptive in nature
- Insurance Co-Payments
- Diapers
- Formula and Nutritional Supplements
- Furniture
- Heating/Cooling Units
- Strollers
- Walkers
- Jumpers
- Home Modifications - Unless medically necessary or adaptive in nature
- Application, Membership, and Registration Fees
- Services or Supports that are not supported by the IFSP.

The Carolyn Scaglione Special Needs Fund
Application

Date: _____

Child's Name: _____ Date of Birth: _____

County: _____ Diagnosis/Delay: _____

Date of IFSP: _____ Service Coordinator: _____

PARENT/CARETAKER INFORMATION:

Parent 1: _____ Phone: _____

Address: _____

County: _____ Occupation: _____

Employer Name: _____

Employer Address: _____

() Part Time () Full Time () Self Employed Annual Income: _____

Parent 2: _____ Phone: _____

Address: _____

County: _____ Occupation: _____

Employer Name: _____

Employer Address: _____

() Part Time () Full Time () Self Employed Annual Income: _____

Gross Household Income: _____ Family Size: _____

By signing below, I certify the following:

- This request is related to the needs of my child as identified in their IFSP.
- The funds requested were not previously paid for by any other source.
- Any funding that I receive will be used solely for items listed in the application.
- Applications that are submitted incomplete or missing back up documents may be disqualified for eligibility.
- I understand that the final determination of eligibility for funds will be made by the NREIC.
- All of the information contained in this application is true.

Signature of Applicant

Date

The Carolyn Scaglione Special Needs Fund
Parent/Caretaker Statement of Need

Child's Name: _____ Date of Birth: _____

In your own words, please describe your need for the requested assistance. Please include any and all information that supports your request, this includes information about the child's disability/delay, financial needs, employment status, description of family size and structure, and any other hardship issues or special conditions that might impact the committee's determination of eligibility.

Signature of Applicant

Date

The Carolyn Scaglione Special Needs Fund
Early Intervention Practitioner Statement of Need

Child's Name: _____ Date of Birth: _____

Practitioner's Name: _____ Discipline: _____

Please provide pertinent information about the child listed above that supports the family's request for assistance. Please be specific with regard to services the child is receiving through Early Intervention, any cognitive, language, physical or social/emotional needs, or a diagnosis or area(s) of developmental delay.

Signature of Practitioner

Date

The Carolyn Scaglione Special Needs Fund
Service Coordinator Statement of Need

Child's Name: _____ Date of Birth: _____

Service Coordinator: _____ Agency: _____

Please provide pertinent information about the child listed above that supports the family's request for assistance. Please be specific with regard to services the child is receiving through Early Intervention, any cognitive, language, physical or social/emotional needs, or a diagnosis or area(s) of developmental delay.

By signing below, I certify that I have reviewed the application and found it to be complete, and I am submitting it for consideration by the Carolyn Scaglione Special Needs Fund Special Needs Committee.

Signature of Service Coordinator

Date

The Carolyn Scaglione Special Needs Fund
Order Form

Child's Name: _____ Date of Birth: _____

Please list community classes/activities, assistive technology devices, developmental toys, and conferences/workshops below. Be as specific as possible. You might want to attach photos to insure proper items are ordered.

Item/Activity Name/Description Include pictures of Items Requested	Website	Item # or ASIN# for Amazon Orders	Qty.	Cost per Item	Funds From Other Sources	Final Total Cost

Total Amount Requested: _____

Please provide alternate shipping address if different from home address:

