



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 for classes in a 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. Applying 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.

For your application to be considered it must be received by the following deadlines:

- January 20th for February review
- April 20th for May Review
- July 20th for August review
- October 20th for November review

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*

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](mailto:tara@nreic.org) by the 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: \_\_\_\_\_

The Carlyn Scaglione Special Needs Fund  
Application

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.

NREIC makes no warranties or representations of any kind, express or implied, with respect to any therapy toys or services ultimately purchased for the applicant from the Carolyn Scaglione Special Needs Fund. The recipient assumes all responsibility for the selection, purchase, and use of the therapy toys or services, and hereby releases and holds NREIC harmless from any and all claims, damages, and expenses, including attorney fees, arising out of or resulting from the purchase or use of the therapy toys or services. The grant recipient agrees to indemnify and hold NREIC harmless from any claims, damages, and expenses, including attorney fees, arising out of or resulting from the recipient's use of the therapy toys or services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date







