

# Blanche Fischer Foundation

## GRANT APPLICATION AND GUIDELINES

The Blanche Fischer Foundation is a private, nonprofit charitable organization founded in 1981 to assist low income Oregon residents who have a permanent physical disability. To be considered for a BFF grant, applicants must meet the following criteria.

1. Proof of Oregon residency
2. Demonstrate financial need
3. Have a disability of a physical nature and written documentation to support condition
4. Indicate how request relates to physical disability or toward fostering personal independence

### WHAT WE FUND

- Assistive devices
- Chair lifts
- Tires for mobility scooters, etc.
- Handheld electronic magnifier
- Ramps
- Handrails
- Talking medical devices
- Wheelchair mount for vehicle

### WHAT WE DON'T FUND

- Housing expenses (rent, mortgage, etc.)
- Daily living expenses (food, utilities, etc.)
- Recreation/Entertainment Expenses
- Gym memberships
- Educational Expenses
- Travel Expenses
- Payments on loans or credit cards
- Payments on previously purchased items
- Training of service dogs
- Business startup expenses
- Medical/Dental Expenses
- Moving Expenses
- Purchase of a car or van
- Car repairs
- Remodel/modifications of homes
- Maintenance/Repairs on homes
- Subscription services
- Emergency situations

### ONLY PERMANENT PHYSICAL DISABILITIES ARE QUALIFYING CONDITIONS

#### Grant Cycle:

- Applications are accepted year-round and reviewed for funding quarterly
- No application is guaranteed to be funded
- From receipt of application to approval can take up to 180 days

#### Funding eligibility:

- Applicant eligibility is based on a 3-year cycle. The cycle begins upon receipt of the first grant
- Maximum award amount is up to \$1,500 in any 3-year period
- Multiple applications or a single application in a 3-year period for a total \$1500
- Grant awards are dependent upon the availability of funds
- The foundation does not provide emergency funding
- Submitting an application does not guarantee funding

**Review process:**

- Applications are reviewed and grants awarded on a quarterly basis
- Applications recommended for funding and not funded in a quarter, will be reconsidered the following quarter. If an application is not funded after being reviewed in four quarters, the application will be withdrawn.

**Requests and payments:**

- Requested items over BFF grant limit. The applicant will need to place the order, pay their portion of the item beyond what BFF has approved to award, and have the vendor invoice the Foundation. Under no circumstances will a payment be made directly to the applicant. Applicants are not to take any action until instructed to do so by the Foundation.
- Payment is made to vendors. Direct cash assistance to applicants is not provided
- When seeking to purchase medical equipment, make a point to ask the vendor for a discount. We've found that requesting discounts are often met with an affirmative response

**Submission requirements:**

- Complete attached Submission Checklist
- MAIL the completed application, along with the required documentation to the Foundation
- **Applications are not accepted via fax or email**

**Please Read Before Signing**

By signing this form, you are attesting that you have read the grant application in its entirety. All grants made assume the accuracy of this application.

I understand that any substantial errors, including omissions, may result in cancellation of a grant. I also understand that if a grant is awarded, payment shall be made to the vendor. No payment will be made directly to me. Any refund is the property of the Foundation. I further understand that all decisions as to eligibility are made at the sole discretion of the Blanche Fischer Foundation and that its decisions are final.

I understand that all grants awarded by the Blanche Fischer Foundation must be reported on the Foundation's federal tax return and as such, grantees' names and addresses are a matter of public record.

Signature(s):

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (circle whichever is appropriate)

PREPARED BY (if different than applicant) \_\_\_\_\_

Application#: \_\_\_\_\_ Voucher#: \_\_\_\_\_

Name: \_\_\_\_\_ Check#/CC: \_\_\_\_\_

-----Above completed by BFF-----

## APPLICANT INFORMATION

Applicant (person for whom assistance is being requested - please clearly print):

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone/TTY: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's birth date: \_\_\_\_\_ Age: \_\_\_\_\_

If applicant is a minor, name of parent(s) or guardian(s): \_\_\_\_\_

## HOUSEHOLD INFORMATION

Total Number of people in household: \_\_\_\_\_ # of adults: \_\_\_\_\_ # of children: \_\_\_\_\_

Relationships of other adults in household: \_\_\_\_\_

Number of wage earners in household: \_\_\_\_\_ Number of SS recipients: \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Have you received an award from the Blanche Fischer Foundation in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_ What Year? \_\_\_\_\_

Have you applied to other organizations for help to purchase the requested items in this application?

Yes \_\_\_\_\_ No \_\_\_\_\_ From whom? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Have any applications submitted to other organizations for this item been approved?

Yes \_\_\_\_\_ No \_\_\_\_\_ Under Review \_\_\_\_\_

By whom? \_\_\_\_\_ How much? \$ \_\_\_\_\_

How did you hear about the Foundation? \_\_\_\_\_

**INFORMATION ABOUT YOUR DISABILITY**

Briefly describe your physical disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has this condition existed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your condition permanent? Yes \_\_\_\_\_ No \_\_\_\_\_

What limitations exist for you because of this disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what specific piece of equipment or other assistance are you requesting funding?  
\_\_\_\_\_  
\_\_\_\_\_

How will this grant improve your functioning or quality of life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much does the requested item cost? \$ \_\_\_\_\_

- A. Have you attempted to acquire support from other resources to support your request? \_\_\_\_\_
- B. How much are you able to contribute to the cost? \_\_\_\_\_
- C. How much are you asking the BFF to contribute? \_\_\_\_\_

Name and address of vendor or supplier (**attach copy of price quotes or order information**).

Note: If we find a source for the requested item at a lower cost, we will use our vendor

\_\_\_\_\_

## **SUBMISSION CHECKLIST BEFORE MAILING THIS APPLICATION**

1. \_\_\_\_\_ Complete all sections of the application
2. \_\_\_\_\_ Sign and date the application
3. \_\_\_\_\_ Complete and sign Income Worksheet
4. \_\_\_\_\_ Verification Letter - proof of disability
5. \_\_\_\_\_ Vendor's price quote
6. \_\_\_\_\_ Attach a letter if there is other information you would like us to consider.
7. \_\_\_\_\_ Mail your application to:

**Blanche Fischer Foundation  
Post Office Box 22411  
Eugene, OR 97402**

## INCOME WORKSHEET

Note: **All** household members' gross income must be listed, regardless of source.

<b>MONTHLY INCOME</b>	Primary Earner	Secondary Earner
Social Security Benefit (list Medicare deduction under Expense)		
Social Security Disability Insurance (SSDI)		
Supplemental Security Income (SSI)		
Gross Wages (paid employment)		
Pensions		
Annuities		
Child Support		
Alimony		
Food Stamps		
Business Income		
Other		
<b>A. TOTAL INCOME</b>		
<b>MONTHLY EXPENSES</b>		
Housing		
- Rent, Mortgage, Property Taxes		
Utilities		
Food		
Transportation		
- Auto Insurance		
- Car Payment		
- Bus Passes		
Health Insurance		
Other Insurance (specify)		
Co-pays		
Pharmaceuticals		
Durable Medical Equipment operational expense		
In-home care		
Other		
<b>B. TOTAL EXPENSE</b>		

I certify, to the best of my knowledge, all the information on this form is correct. I also understand that failure to report all requested information completely and accurately may result in denial of my grant application or withdrawal of an award. (Guardians sign for dependents)

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Signature

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Print Name

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Date

## **INSTRUCTIONS for healthcare providers providing Verification Letters**

To ensure your verification letter meets the grant application criteria, please follow the instructions below.

### **INSTRUCTIONS for verification of PERMANENT PHYSICAL DISABILITY**

1. DO NOT SEND MEDICAL RECORDS. They will be shredded upon receipt.
2. State that the applicant is your patient/client.
3. State that your patient/client has a **permanent physical disability**. Please use these words.
4. Phrases such as “medical conditions” are not accepted as verification of a permanent physical disability.
5. List the disability.
6. You are free to list additional factors that you consider relevant. However, they may not be used in place of verifying the physical disability.

### **INSTRUCTIONS for Verification of MEDICAL NECESSITY**

1. In cases of requests for common household items, such as air conditioners or recliners, you must state that they are a medical necessity.
2. Phrases such as “will benefit from” are not accepted as verification of medical necessity. 3. Comfort is not an accepted reason for awarding a grant.
4. In the case of an air conditioner, not being able to get to a cooling center is taken into consideration.
5. We do not award grants for replacing worn items if there is no statement from a healthcare provider stating that the item requested is a medical necessity.

We do not accept medical records or documents from the Social Security Administration as verification of a disability.

### **REQUEST EXAMPLES**

- General request:

Jane Doe is my patient. She has a permanent physical disability. The disability is \_\_\_\_\_.

- For household items such as; a lift chair, air conditioner, etc:

John Doe is my patient. He has a permanent physical disability. The disability is \_\_\_\_\_. Because of \_\_\_\_\_, a lift chair is a medical necessity.