Blanche Fischer Foundation

- Empowering independence for Oregonians with permanent physical disabilities

GRANT APPLICATION FOR INDIVIDUALS

WELCOME

Thank you for reaching out to the Blanche Fischer Foundation. We provide individual grants to help Oregonians with permanent physical disabilities obtain disability-related equipment, technology, modifications, and services that can support greater independence and quality of life.

We know that asking for assistance and gathering the information required for an application takes time and effort. Our goal is to make this process as clear and respectful as possible. This application gives us an opportunity to understand what you are requesting, what is important to you, and how this support could make a difference in your life.

BEFORE YOU BEGIN

BFF individual grants provide up to **$1,500** toward an approved item or service. Eligible individuals may receive BFF individual grant funding **once every three years**. If the total cost of the requested item or service exceeds $1,500, you may still apply, but you must explain how the remaining balance will be paid or secured. BFF pays approved grant funds directly to the vendor or service provider after any remaining balance has been paid or otherwise secured.

SUBMISSION CHECKLIST

Please include all of the following. BFF can begin reviewing an application once all required information and materials have been received. Initial each item to confirm it is included.

☐ Completed & Signed Application — Initials: _____
☐ Completed Income & Expenses (separate downloadable pdf on website) — Initials: _____
☐ Current Quote or Vendor Estimate — Initials: _____
☐ Advocacy Statement — Initials: _____
☐ Disability Verification Letter — Initials: _____
☐ Copy of Current, Valid Oregon ID, Driver's License, Tribal ID, or Military ID — Initials: _____
☐ Demonstration of Engagement & Personal Story — Initials: _____

SUBMISSION INSTRUCTIONS

Submit your completed application and all required documents together, in the order listed in the Submission Checklist. If submitting by email, please send the materials as one PDF. Applications may also be submitted by mail using the contact information provided on this application.

Applications are accepted year-round. **Completed applications are reviewed monthly.** Funding decisions are generally made within 60 days after BFF confirms that an application is complete.

APPLICANT INFORMATION

First Name: _____Last Name: _____

Date of Birth: _____ Age: _____

Address of Residence: _____

City: _____ ZIP: _____

County: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

Best way to reach you: ☐ Email ☐ Text ☐ Phone

If applicant is a minor:
Parent/Guardian Name(s): _____

How did you hear about the Blanche Fischer Foundation?_____

_____

HOUSEHOLD INFORMATION

Total Number of People in Household: ____ #Adults: ____ #Children: ____

Other Adults' Names and Relationship to Applicant: _____

_____

Number of Income Earners: ____ Number Receiving Social Security: ____

Total Number of household members receiving income: ____

Sources of income in household:

_____

_____

PURPOSE OF REQUEST

A) Disability Summary (Applicant-Completed)

Briefly describe your disability or condition (1–2 sentences):

_____

_____

How long have you had this condition? _____

Is your condition permanent? ☐ Yes ☐ No ☐ Unsure

Name and medical practice/clinic of the provider verifying your disability (same as disability verification letter):

_____

_____

Provider credentials: ☐ MD ☐ NP ☐ PA

Important: A Disability Verification Letter is required as part of the application. Please provide your medical provider with the Disability Verification Guidelines included in this packet.

B) Requested Item or Service

What item or service are you requesting funding for?

_____

_____

Vendor name (from quote/estimate): _____

_____

Total cost of item/service (from vendor quote/estimate): $_____

Applicant contribution, if any: $_____

Amount requested from BFF (MAXIMUM $1,500): $_____

If the total cost exceeds the amount requested from BFF, explain how the remaining balance will be paid or secured.

_____

_____

C) Impact and Other Sources

How will the requested item or service make a difference in your daily life, independence, access, mobility, communication, participation, safety, or quality of life? (2–4 sentences):

Have you tried to obtain funding or assistance from other sources? ☐ Yes ☐ No
If yes, please explain:

_____

_____

_____

D). Financial Information

A completed **Income & Expenses Worksheet** is required with your application. The worksheet is available on the BFF website alongside the Grant Application and Eligibility Guidelines. Income and Expenses worksheet. Download from the website.

ADVOCACY STATEMENT

BFF requires an advocacy statement from someone who is familiar with the applicant and their circumstances. The advocate provides additional context about the applicant's needs, goals, requested support, and anticipated impact of the request, and helps confirm that the application is complete and accurate to the best of their knowledge.

An advocate may be a case manager, service provider, family member, friend, caregiver, or other trusted person. The advocate does not need to be affiliated with a professional organization.

Name of Advocate: _____

Relationship to Applicant: _____

Organization Name (if applicable): _____

Phone: _____ Email: _____

Length of Time You've Known the Applicant: _____

Advocacy Statement

In your own words, briefly explain why this request is important and how it will improve the applicant's independence or quality of life.

_____

_____

☐ I have reviewed the application and confirm that it is accurate and complete to the best of my knowledge.

Signature of Advocate: _____Date: _____

DEMONSTRATION OF ENGAGEMENT & PERSONAL STORY FORM

To help us better understand you and your circumstances, please share how you are working to improve or maintain your independence, health, daily functioning, communication, relationships, personal goals, or quality of life. Demonstration of engagement can take many forms and will look different for each person. BFF considers engagement in the context of each applicant's abilities, health, circumstances, and goals.

As you prepare your response, you may want to tell us about your goals; rehabilitation or health-management activities; education, employment, volunteering, or caregiving; independent living or community activities; use of assistive technology or supports; household responsibilities and daily routines; or other activities that are meaningful to you.

You do not need to address every example above. Please share the information that best represents you, your goals, and your circumstances.

You may write a short narrative, use bullet points, or share something meaningful to you, such as a poem, quote, photo, or artwork.

You can respond below or include a separate letter with the application.

Please tell us about yourself and the ways you are working toward your goals, independence, quality of life, or connection with others.

DISABILITY VERIFICATION LETTER - WHO CAN PROVIDE VERIFICATION

Please provide these instructions to your medical provider. BFF requires a signed letter on official letterhead verifying that the applicant has a permanent physical disability and explaining how the requested item or service relates to that disability.

Who May Provide Verification

- Medical Doctor (MD)
- Nurse Practitioner (NP)
- Physician Assistant (PA)

Letters from physical therapists, social workers, chiropractors, counselors, or other providers not listed above cannot be accepted. The Letter Must Include:

Applicant Information

- Applicant's full name and date of birth
- Provider's professional relationship to the applicant

Disability Verification

- Applicant's medical condition
- The exact phrase "permanent physical disability"
- A brief description of how the condition affects physical functioning or daily activities

Connection to the Request

- How the requested item or service relates to the applicant's permanent physical disability
- How it is expected to support independence, access, mobility, safety, daily functioning, or quality of life
- Medical necessity, when applicable

Provider Information

- Full name and credentials
- Practice or clinic name and address
- Phone number
- Signature and date

A letter cannot be accepted if it:

- Is not on official letterhead
- Is unsigned
- Does not state "permanent physical disability"
- Is completed by an unqualified provider
- Does not explain how the requested item or service relates to the applicant's disability

Please return the completed letter to the applicant so it can be included with the grant application.

CERTIFICATION, AGREEMENT & STORY AUTHORIZATION

By signing below, I confirm that:

- I have read and understand BFF's grant eligibility requirements and application process.
- The information I have provided is complete and accurate to the best of my knowledge.
- I understand that BFF can begin reviewing my application once all required information and materials have been received.
- I understand that approved grant funds are paid directly to the vendor or service provider and are not paid directly to applicants.
- I understand that the maximum BFF individual grant award is $1,500.
- I understand that eligible individuals may receive BFF individual grant funding once every three years.
- If the total cost exceeds the BFF grant amount, I understand that the remaining balance must be paid or secured before BFF issues its payment.
- I understand that a qualifying Disability Verification Letter is required.
- I understand that grant decisions are final and are made at the discretion of the Blanche Fischer Foundation.
- I understand that, as a private foundation, BFF may be required to report my name and address in public tax filings.

Story & Outreach Authorization — Optional

BFF may share stories, quotes, photographs, artwork, or other materials voluntarily provided by grant recipients to increase awareness of our work and help others learn about available assistance.

☐ Yes, I give BFF permission to use my story and materials in Foundation communications.

☐ No, I do not give BFF permission to share my story or materials publicly.

My choice will not affect consideration of my grant application.

Applicant Signature: _____ Date: _____

Preparer Name: _____ Relationship: _____

Preparer Signature: _____