



**THE SIDNEY AND LILLIAN ZETOSCH FUND  
of the Oregon Community Foundation**

**Frequently Asked Questions**

**WHAT ARE THE FUNDS FOR?** This fund was established with a gift to the Oregon Community Foundation from the estate of Sidney and Lillian Zetosch. Their intent was to buy equipment for Oregon children **with special health needs, to help those children succeed in school.**

**WHO QUALIFIES?** Oregon children under age 21 who have a **diagnosed** disability or special health need. The child's family must be **low-income** (see application for details), and the equipment requested must address **educational** need. Eligibility for special education is not enough, if the child has no diagnosis.

**HOW DO I APPLY?** The application form is on page three of this document. Applications may be submitted by education, disability services, or health care providers. **Families may not apply directly on behalf of their child.**

Applications are accepted in the month of May **ONLY**. **Applications received early or late will not be considered.** Applications will not be held over for the next year's funds. All qualified applications are considered together, and decisions are based on a number of factors, including need and geographic location.

2014 Application Period  
**May 1 – May 31**

*Continued on the next page*



**WHEN WILL THE CHILD GET THE EQUIPMENT?** Funds are usually received by OCCYSHN in August. Equipment purchases begin immediately. It takes about six months to fulfill all approved applications.

## ARE THERE RESTRICTIONS?

- Limit of \$1500 per child.
- Limit of one application granted every other year (per child).
- Justification must clearly describe how the requested equipment addresses educational needs.
- Requests for computers and tablets are only considered if they address **diagnosed communication or mobility issues**.

## IMPORTANT DETAILS

### IPADS/IPODS:

- All iPad requests will be fulfilled with a 16GB iPad Air, Wi-Fi only.
- Requests for apps must be itemized.
- An AppleCare Protection Plan will be purchased for every iPad or iPod, as well as an Otterbox Defender case (unless you specifically request a different case). Please include those items on the equipment request list.
- Requestors are expected to help families set up and begin using the device for the child's educational needs.

**ONE APPLICATION FORM PER VENDOR:** The vendor is the business that sells the equipment. Apple is a vendor. Amazon is a vendor. Requestors must complete a **separate form for each vendor**, although there is no need to duplicate the supporting documentation. Apple is the vendor for iTunes (apps) and AppleCare. For equipment other than Apple (including Otterbox cases), please try Amazon.com first.

**SIGNATURES:** Applications must be signed by both the "requestor" (the person applying on the child's behalf) and a parent or guardian.

**QUESTIONS?** Gillian Freney, [freneyg@ohsu.edu](mailto:freneyg@ohsu.edu)  
phone 503.494.8618 • fax 503.494.2755

**Sidney and Lillian Zetosch Fund of the Oregon Community Foundation**

**2014 APPLICATION**

**OCCYSHN / Oregon Center for Children & Youth with Special Health Needs**

PLEASE FAX COMPLETED FORM TO 503 494 2755 OR EMAIL TO FRENEYG@OHSU.EDU

Requestor Name:	Phone:	Email:
Title:	Cell:	

Organization:

**I attest that the information represented on this form is accurate to the best of my knowledge. (sign below)**

<input type="checkbox"/> Requestor Signature:	Date:
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Child/Youth Name:	Birthdate:	County:
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Diagnosis:

Parent /Guardian Name:	Phone:	Email:
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**Ship to Name and Address: (no P.O. Boxes)**

**Required:** Attach supporting documentation which explains the child's need for the equipment in the context of his or her **education**.

<p><b>JUSTIFICATION OF FINANCIAL NEED: (check all that apply)</b></p> <p><input type="checkbox"/> Family at or below federal poverty level (FPL).</p> <p><input type="checkbox"/> Child qualifies for the Oregon Health Plan or other state health insurance program.</p> <p><input type="checkbox"/> Child receives SSI or Medicaid assistance.</p> <p><input type="checkbox"/> Family receives aid through Temporary Assistance for Needy Families (TANF).</p> <p><input type="checkbox"/> Family makes &lt;250% of Federal Poverty Level, and purchasing this equipment would interfere with the family's ability to pay for necessities such as food, housing, transportation, or healthcare. (Please include documentation of income, if this is the only applicable justification of financial need.)</p>	<p><b>INSURANCE INFORMATION</b></p> <p><input type="checkbox"/> Private _____</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other</p> <p>Is service or item covered by insurance?  <input type="checkbox"/> Partially covered      <input type="checkbox"/> Not covered</p> <p>Has family applied to other funding sources to meet this need?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes - What is the status? _____</p>
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**PRODUCT(S) REQUESTED (Attach additional sheet if necessary)**

Vendor Name:	Vendor Website:		
<b>Item Name: (attach info from website; be specific)</b>	<b>Color or Other Specifics:</b>	<b>Item #:</b>	<b>\$ Total</b>
Shipping & Handling			
<b>\$ Total Amount:</b>			

By checking this box and signing this document, I acknowledge all family information is correct. I understand that OHSU is the purchasing agent only and does not warrant or endorse the product nor does it benefit in any way from the purchase. I agree to resolve any product disputes directly with the vendor/manufacturer. If the item or items are returned or any credit is given, OHSU will receive the credit.

I confirm that this application, combined with any others made on behalf of my family, will not exceed the Zetosch Fund limit of \$1,500 per child, per fiscal year (July 1 through June 30).

Parent/Guardian Signature:	Date:
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**Below: For internal office use only**

Fund Approval Signature:	Date:
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Program: Zetosch Gift Funds → Accounting String: 1732-42417-52-5351-\_\_\_\_\_-0000-\_\_\_\_\_