



The Sidney and Lillian Zetosch Fund of the Oregon Community Foundation

This fund was established by **Sidney and Lillian Zetosch** to support the purchase of adaptive equipment that helps **low-income** children with **special health needs** succeed in their **education**.

Equipment requests can include computers, tablets, printers, software, communication devices, hearing aids, eyeglasses, wheelchairs and modifications (sorry, no ramps or lifts), standers and walkers, bikes and trikes, etc.

To qualify for consideration, applications must meet the following criteria:

- The child must have a disability or special health need.
- The equipment must address the child's educational needs.
- The child's family must have financial need. See application form for details.
- The child must live in Oregon and be under 21 years old.
- Maximum funding is \$1500 per year per child. Minimum request is \$100.
- Application must be made by an education, disability services, or health care provider. Families may not apply directly on behalf of their child.

The Sidney and Lillian Zetosch Fund is a funder of last resort. If other avenues for purchasing the equipment are available, those avenues must be exhausted first. See the following page for information on how to apply.



TIPS ON APPLYING FOR SIDNEY AND LILLIAN ZETOSCH FUNDS

Educational Justification: The educational justification should indicate *why* this particular child needs *this particular equipment* for his or her educational efforts.

Signatures: The application requires signatures from the “requestor” (the professional who is applying on the child’s behalf) *and* the parent or guardian. *Both signatures are required.*

Vendors: A separate application form is required for each vendor. *Please try Amazon.com* first. They stock a wide variety of equipment at competitive prices. Often equipment orders from multiple manufacturers can be filled with one order to Amazon, which saves time and effort for everyone. Printing out the contents of an Amazon “shopping cart” is a good way to communicate the specifics of the items you are requesting.

Computers and Software: Please be specific about what’s being requested. If you are requesting software, indicate in the educational justification how the software addresses the child’s educational needs. Consider requesting a carrying case to protect laptops. Be sure to specify what operating system you are using (example: Windows, Mac, etc.)

iPads, iPods, and Apps: If you are requesting specific software applications (apps), indicate in the educational justification how these particular apps address the child’s educational needs. Please arrange to assist families with purchasing and using apps if they need help. We recommend that you order a protective case and AppleCare Protection with any iPad.

Funding is subject to availability. Incomplete applications will be returned to requestor for completion before they will be considered for funding.

Questions?

Contact Gillian Freney
email: freneyg@ohsu.edu
phone 503.494.8618
fax 503.494.2755

Updated September 2011



Sidney and Lillian Zetosch Fund of the Oregon Community Foundation

APPLICATION

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

PLEASE FAX COMPLETED FORM TO 503 494 2755

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:
---	-------

Child/Youth Name:	Birthdate:	County:
-------------------	------------	---------

Diagnosis:

Parent /Guardian Name:	Phone:	Email:
------------------------	--------	--------

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>JUSTIFICATION OF FINANCIAL NEED: (check all that apply)</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 does not meet criteria listed above. However, purchasing this equipment would interfere with the family's ability to pay for necessities such as food, housing, transportation, or healthcare.</p>	<p>INSURANCE INFORMATION</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?</p> <p><input type="checkbox"/> Partially covered <input type="checkbox"/> Not covered</p> <p>Does the child/youth have access to other funding sources for this need?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

PRODUCT(S) REQUESTED (Attach additional sheet if necessary)

Vendor Name:		Vendor Phone:		
Website:		Vendor Fax:		
Quantity	Item Name: (attach info from website; be specific)	Item #:	\$ Amount Each	\$ Total
Shipping & Handling				
\$ Total Amount:				

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:
----------------------------	-------

Below: For internal office use only

Fund Approval Signature:	Date:
--------------------------	-------

Program: Zetosch Gift Funds → Accounting String: 1732-42417-52-5351-__-__-0000-__-__