

## The Arc of Illinois Grants Database 2020

### United Healthcare Children's Foundation (UNCCF)

#### Website URL

- <https://www.uhccf.org/>

#### Coverage: *What is covered?*

- Medical expenses that are not covered, or are not fully covered, by commercial health insurance

#### Eligibility Requirements: *Precisely who is eligible? Who is not eligible?*

- Child must be 16 years of age or younger at the time of application.
- Child must have a Social Security Number. Taxpayer Identification Numbers (TIN) are not accepted.
- The family's income must not be higher than the maximum eligible family income that is shown below:
  - \$55,000 or less for a family of 2
  - \$85,000 or less for a family of 3
  - \$115,000 or less for a family of 4
  - \$145,000 or less for a family of 5 or more
- The child's health insurance must be through a commercial health plan, either through an employer or individually purchased. Secondary insurance through Medicaid or CHIP is permissible.
- Child is under the care of a licensed healthcare provider and the family is applying for treatments, equipment, or services that were prescribed by a Medical Doctor (M.D.), Doctor of Osteopathic Medicine (D.O.) or Doctor of Audiology (Au.D.) for hearing conditions.
- The child must receive the services or treatments within the 60-day period before the date you submit the application

#### Service & Treatment Exclusions: *Which services are NOT eligible for funding?*

- Dental Exclusions
  - Dental Care
  - Annual Cleaning
  - Fillings, X-rays, etc.
  - Orthodontic Treatment– Braces, Invisalign, Check Ups, etc.
- Education Exclusions
  - School tutoring
  - Testing for a learning disability
  - Tuition for School or Camp (including day camps for therapies)
  - Electronic Devices- Computers, Laptops, iPad/Tablets, or Smart Phones not specifically designed for medical or clinical treatment purposes
- Home and Vehicle Exclusions
  - Home improvements/modifications
  - Service dogs or other animals/pets
  - Purchase of vehicles (cars, vans, trucks, etc.)
- Prescription Drug Exclusions
  - Drugs not approved by the United States Food & Drug Administration (FDA)

- Drugs not purchased within the United States
- Homeopathic supplements not prescribed by a licensed professional
- Procedure and Treatment Exclusions
  - Biofeedback/Biomedical consultations
  - Clinical Trials
  - Heavy metal toxicity testing/Chelation therapy, unless for proven medical indication of lead or copper or iron
  - Hyperbaric oxygen treatment
  - Herbal testing
  - Relationship Development Intervention (RDI)
- Reproduction Exclusions
  - Egg Retrieval/Infertility
  - Pregnancy/Birthing
  - Sperm Banking
- Therapy Exclusions
  - Listening Therapy
  - Vision Therapy
  - Hippotherapy/Equine Therapy
  - Music Therapy
  - Social Skills Therapy
- Travel and Lodge Exclusions
  - Gas
  - Flight
  - Food
  - Mileage
  - Hotel/Motel
- Miscellaneous Exclusions
  - Autopsy, Burial Costs
  - Camera/Video Surveillance Equipment
  - Alert Bracelet/GPS Tracker
  - Food- unless related to a medical condition
  - Funeral Costs
  - Pools/Whirlpools

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Up to \$5,000 each year per child
- \$10,000 lifetime maximum per child

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Recipients will be given access to a UHCCF online portal where they can attach and submit their medical bills
- Grant funds are NOT paid directly to the family or child.

**Application Methods: *Online? Paper?***

- The application is only offered online

**Available in Spanish?**

- No

**Documents Required**

- Most recent submitted IRS 1040 Tax Form (may need additional documentation if child is not listed as dependent on most recent IRS 1040 Tax Form)
- Electronic copy of the front and back of current Commercial/Private insurance card
- Completed and signed Physician Certification of Medical Condition Form

**Application Deadline**

- Applications are accepted at any time
- Applications are reviewed each month

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- Primary coverage for the child must be by a commercial health plan, either through an employer or individually purchased. Secondary insurance through Medicaid or CHIP is permissible.

**Additional Information**

- None

**Giving Angels Foundation****Website URL**

- <https://givingangelsfoundation.org/apply-for-help/>

**Coverage: *What is covered?***

- Medical equipment
- Medical supplies
- Essential family bills
- Specialized camps
- Therapeutic toys

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Children under the age of 21 with physical disabilities or illnesses
- Child must be from a lower income family (\$50,000 maximum annual income)
- Examples of eligible disabilities include, but are not limited to, spina bifida, paralysis, missing limbs, cerebral palsy, multiple sclerosis, and cancer

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- No exclusions listed

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- \$1,000 maximum one-time grant per family

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Unknown

**Application Methods: *Online? Paper?***

- The application is only offered online

**Available in Spanish?**

- No

**Documents Required**

- Proof of diagnosis/disability (letter from the child's physician, therapist, or social worker on official letterhead)
- Proof of insurance denial for items requested

- Proof of income (most recent tax return)

#### **Application Deadline**

- Applications are accepted at any time EXCEPT during the months of July and August
- Applications are voted on during monthly meetings

#### **Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- No insurance requirements

#### **Additional Information**

- None

### **Friends of Man Foundation**

#### **Website URL**

- <https://www.friendsofman.org/apply-step-1.php>

#### **Coverage: *What is covered?***

- Wheelchairs
- Prostheses
- Mobility Equipment
- Limited house modifications for the disabled
- Van Lifts
- Hand Controls
- Medical Equipment
- Wheelchair Ramps

#### **Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Individuals of all ages are eligible
- A referring professional (Social Worker, Patient Navigator, Health Care Professional, Clergy, Teacher, Therapist, Employer) must submit the application on behalf of the applicant
- The applicant's total household income must not be more than 250% of the Federal Poverty Level
- U.S. Citizens
- Only considers out-of-state requests over the amount of \$500
- Require that out-of-state applicants find substantial copayment (at least 50%)

#### **Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Do not assist with back bills or any item that has already been ordered or received or work that has already begun
- Utilities, rent, other ongoing expenses
- Exams, diagnostic procedures
- Emergencies

#### **Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Friends of Man only considers out-of-state requests over the amount of \$500

#### **Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- After the approved item or service is received by the applicant, the vendor and applicant sign the agreement/invoice and send it to Friends of Man

- Once Friends of Man receives the signed agreement and invoice, it will send a check directly to the vendor

**Application Methods: *Online? Paper?***

- Application can be submitted via email or U.S. mail

**Available in Spanish?**

- No

**Documents Required**

- Vendor estimate on letterhead
- Physician documentation for requests involving disability or illness
- Photo ID of the applicant (either mailed or scanned, as faxed copies are usually illegible)

**Application Deadline**

- Applications are accepted at any time
- Applications are voted on weekly

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- No insurance requirements

**Additional Information**

- None

**Joshua Harr Shane Foundation**

**Website URL**

- <https://joshuaharrshane.org/criteria-for-assistance/>

**Coverage: *What is covered?***

- Medical treatment
- Household bills
- Treatment related expenses
- Financial aid for experimental treatments
- Special needs programs (for example, horseback riding, theater programs, etc.)
- Special needs equipment
- Special needs schooling
- Special needs sports

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Special needs or critically ill individuals of all ages

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Do not pay bills that are due immediately or relatively soon
- Do not pay phone, credit card statements, or cable bills
- Do not provide cash under any circumstance
- Do not fund requests due to injuries as a result of car accidents or psychological disorders

**Funding: Amount of funding available per fiscal year? Lifetime cap?**

- Not listed

**Disbursement of Funds: How is the grant disbursed? Directly to the family or provider?**

- Bills are paid directly to the provider

**Application Methods: Online? Paper?**

- Email your application to [JoshuaHarrShane@gmail.com](mailto:JoshuaHarrShane@gmail.com)
- You can access the application here: available here: <https://joshuaharrshane.org/wp-content/uploads/APPLICATION-For-Assistance.pdf>

**Available in Spanish?**

- No

**Documents Required**

- HIPAA consent to contact the individual's doctor
- Document showing the cost of the requested service

**Application Deadline**

- Applications are accepted at any time

**Insurance Considerations: Does having private or public insurance disqualify? Is there coordination with insurance?**

- No insurance requirements

**Additional Information**

- None

**Healthwell Foundation-Pediatric Assistance Fund****Website URL**

- <https://www.healthwellfoundation.org/fund/pediatric-assistance/>

**Coverage: What is covered?**

- Prescription drugs
- Biologic therapies
- Devices or other treatments related to various diseases

**Eligibility Requirements: Precisely who is eligible? Who is not eligible?**

- Children being treated for chronic or life-altering diseases
- Must have some form of health insurance that covers part of the treatment cost
- Household income limit of 500% of the Federal Poverty Level
- Must be receiving treatment in the U.S.

**Service & Treatment Exclusions: Which services are NOT eligible for funding?**

- None listed

**Funding: Amount of funding available per fiscal year? Lifetime cap?**

- \$3,000 maximum

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Payments are sent directly to the providers or facilities

**Application Methods: *Online? Paper?***

- Contact a HealthWell representative via phone at 1-800-675-8416 anytime Monday-Friday, 9:00am-5:00pm (ET)

**Available in Spanish?**

- Yes, there are HealthWell representatives that speak Spanish

**Documents Required**

- Document showing the patient's diagnosis with a physician, physician assistant, or nurse practitioner's signature
- Signed parent letter

**Application Deadline**

- Applications are accepted at any time

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- Must have some form of insurance (private insurance, Medicare, Medicaid, TriCare, etc.) that covers part of the cost of your treatment

**Additional Information**

- None

**First Hand Foundation****Website URL**

- <https://www.firsthandfoundation.org/>

**Coverage: *What is covered?***

- Treatment: Clinical procedures, medicine, therapy, prosthesis, etc.
- Equipment: Wheelchairs, assistive technology equipment, care devices, hearing aids, etc.
- Displacement: Lodging (only if charitable housing is unavailable), gas (\$0.33 per mile), parking and transportation related to a child's care
- Vehicle modifications: Lifts, ramps and transfer boards

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- The child must be 18 years of age or younger (a person 19–21 may be considered if they are in a child-like mental state)
- The child must be under the care of a pediatrician
- The case must involve a child with a specific health care need
- The request must be clinically relevant to the health of the child
- There must be no existing insurance coverage for the requested expenses
- One request per year, per child for a maximum of three times in a child's lifetime

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Home modification projects

- Alternative or experimental drugs, treatment or therapy where there is controversy in the medical community
- Wheelchair-accessible van purchases
- Requests for research funding, mass population grants or other not-for-profit organizational grants
- Requests for debt reduction/past medical bills
- Copays or deductibles
- Therapy dogs

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- One request per child, per year and a maximum of three requests during the child's lifetime
- Take your adjusted gross income (found on the first page of your federal income tax return) and subtract out-of-pocket medical expenses for the child in the past year. Compare the outcome to the table found here: <https://www.firsthandfoundation.org/request-funding/>

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Funds will be sent to the provider within three weeks of their approval

**Application Methods: *Online? Paper?***

- Upload completed application and supporting documents online OR
- Mail or fax the application and supporting documents to: First Hand Case Managers  
2800 Rockcreek Parkway  
North Kansas City, MO 64117  
Fax: (816) 571-1569

**Available in Spanish?**

- No

**Documents Required**

- Every application must have the following documents:
  - Letter from doctor (on letterhead) that includes the child's diagnosis, history of illness, specific request for funding and other relevant information
  - First page of your most recent federal income tax return or W-2 (If you have not filed taxes, please submit three months of bank statements and/or a letter from your employer)
  - Letter from parent detailing any other awards granted/fundraising received
- If applying for treatment/services, equipment/supplies or vehicle modifications, the following documentation must be submitted
  - Evaluation from specialist (therapist, audiologist, etc. for the requested item)
  - Letter from the provider on letterhead showing the original cost and price after discount (discount must be given in order to receive assistance)
  - Letter of denial from the insurance company or policy showing exclusion
- If applying for travel or lodging, the following documentation must be submitted
  - Letter of medical necessity from a social worker on letterhead stating the frequency and duration of travel for the next 12 months

**Application Deadline**

- Applications are accepted at any time



- First Hand's Clinical Decision Committee meets every month to review submitted applications
- A case manager will follow up with the applicant within two weeks of the Clinical Decision Committee meeting

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- There must be no existing insurance coverage for the requested expenses

**Additional Information**

- Funds must be used within 12 months of the date granted

**Aubrey Rose Foundation**

**Website URL**

- <http://aubreyrose.org/financial-assistance-families/>

**Coverage: *What is covered?***

- Medical expenses
- Outstanding medical bills that insurance will not cover

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Families with children (18 years and younger) who are currently living with a life-threatening medical condition

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Medical bills already paid
- Food, clothing, laundry fees
- Mortgage payments and associated homeowner bills

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- One grant per family

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Paid directly to the provider

**Application Methods: *Online? Paper?***

- Online OR
- Print and mail to: Aubrey Rose Foundation  
Grant Request  
3862 Race Road  
Cincinnati, Ohio 45211

**Available in Spanish?**

- No

**Documents Required**

- Copy of bill(s) for which you are applying for funding
- Explanation of Benefits statement and Coordination of Benefits statement (if applicable) from insurance company(s)

**Application Deadline**

- Applications are accepted at any time
- Grants are awarded on a quarterly basis
- The Foundation's Board of Trustees meet in March, June, September and December. Applicants will be notified no later than 60 days after the Board of Trustees' meeting.

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None

**Additional Information**

- None

**Small Steps in Speech****Website URL**

- <http://www.smallstepsinspeech.org/grant-application/>

**Coverage: *What is covered?***

- Specific need regarding a communication delay/disorder within the speech and language realm.
- Future therapies, materials and/or workshops

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Children must be between the ages of 3 and 22
- Families must have a combined household income below \$100,000
- Must be a legal citizen of the United States
- Speech language pathologists must be licensed by the American Speech and Hearing Association (ASHA)

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- ABA therapy and iPads will not be funded
- Grants are not awarded for reimbursement of services that were received in the past

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- May only receive a grant once in a child's lifetime
- The average grant awarded is \$1,000

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Grant funds are sent to the service providers or vendors on behalf of the awarded individual

**Application Methods: *Online? Paper?***

- Submit as an email attachment to [apply@smallstepsinspeech.org](mailto:apply@smallstepsinspeech.org) OR
- Mail to: SMALL STEPS IN SPEECH  
SERVICE COMMITTEE  
PO BOX 65  
EAGLEVILLE, PA 19408

**Available in Spanish?**

- No

**Documents Required**

- Application link: <http://www.smallstepsinspeech.org/wordpress/wp-content/uploads/01-2019-Revised-Individual-Application-1.pdf>
- Speech and Language Evaluation completed by an ASHA-certified SLP within 2 years of date of application
- AAC Evaluation if requesting an alternative communication device or software
- Quote of Service for requested services, including speech therapy, AAC device, software app, camp, workshop
- Document showing insurance coverage or non-coverage to include: deductible, copay, number of speech therapy sessions allowed annually, and allowance for device or software application
- IRS 1040 Federal Tax Return or verification of income if not required to file

**Application Deadline**

- Application deadlines are February 1st, May 1st, August 1st, and November 1st
- Applications are reviewed on a quarterly basis
- Notification is sent to the person applying for the grant no later than 60 days after the application deadline
- If an applicant applies for a grant and is denied, they can reapply in the next calendar year unless proof can be provided that the need (financial, therapeutic, etc.) has changed, in which case they may reapply earlier

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None

**Additional Information**

- If applying for private speech therapy, the therapy provider and/or the therapist must be notified that the application has been made including their name(s) as providers
- If the person nominating the applicant is not the parent or legal guardian, the parent or legal guardian must be notified by the person nominating the applicant

**[The Orange Effect Foundation](#)****Website URL**

- <http://theorangeeffect.org/>

**Coverage: *What is covered?***

- Speech therapy
- Assistive technology
- Speech camp

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Children and young adults up to 21 years old who live in the United States

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Cannot use grant for previous therapy sessions and technology purchases
- Does not pay for insurance deductibles

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Can only apply once per year per child
- Lifetime cap of two grants

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Funds are paid directly to the therapy provider or the device manufacturer upon receipt of invoice

**Application Methods: *Online? Paper?***

- Applications must be mailed to: The Orange Effect Foundation, 17040 Amber Drive, Cleveland, Ohio 44111

**Available in Spanish?**

- No

**Documents Required**

- Current Speech and Language Evaluation and/or Reports completed by an ASHA licensed speech and language pathologist
- Documentation of Insurance Coverage including name of insurance carrier, deductible, number of speech therapy sessions covered per year, and amount that insurance covers per therapy session. If this is not a covered service, you must provide a denial letter from the insurance company or a copy of your Explanation of Benefits page
- Copy of Federal IRS 1040 Form(s)
- Service Provider Contact Info
- Formal Quote of Service (if applying for a therapy grant)
- Augmentative and Alternative Communication (AAC) Evaluation conducted by an ASHA certified Speech Language Pathologist (if applying for an assistive technology grant)

**Application Deadline**

- Application deadlines are February 15th, May 15th, August 15th, and November 15th
- Applicants will receive notification of the Board's decision within 40 days of the application deadline. The notification will be sent via email to the person nominating the applicant.

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None

**Additional Information**

- None

**Autism Care Today****Website URL**

- <https://www.act-today.org/apply-for-grant/>

**Coverage: *What is covered?***

- Applied Behavior Analysis Therapy
- Speech and occupational therapy
- Bio-medical testing
- Supplements
- Assistive technologies (i.e., iPad, communication apps)
- Safety equipment (such as safety fencing, GPS tracking devices, and autism service dogs)
- Social skills groups
- Special needs summer camps

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Individuals and families affected by Autism Spectrum Disorders
- Families that make less than \$100,000 annually will be considered first, but applicants are not automatically disqualified because of their family income

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Transportation requests (cars, car repair, transportation passes, air travel)
- Hyperbaric Oxygen Therapy
- Personal Needs (rent, utilities, family vacations)

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Grants range from \$100-\$5,000
- One grant per child

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Grant payments will be made directly to pre-approved treatment providers, assessors, or materials vendors

**Application Methods: *Online? Paper?***

- Online

**Available in Spanish?**

- Information in Spanish found here: <https://www.act-today.org/our-funds/espanol/>

**Documents Required**

- Proof of autism diagnosis and recommended treatment from your doctor or school Individualized Educational Program (IEP)
- Proof of cost for medical treatment, programs, or materials
- Proof of family income with a copy of your tax return or proof of any other income (such as SSI, SDI, child support, etc.)

**Application Deadline**

- Grants are awarded quarterly

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None

**Additional Information**

- None

**MyGOAL Inc.****Website URL**

- <https://mygoalautism.org/mygoal-resources/>

**Coverage: *What is covered?***

- Medical: non-reimbursable medical expenses, including first-time visit to an Autism-related specialist
- Nutrition: vitamins or other nutritional supplements that are specifically designed for children with ASD
- Personal needs: to provide for the personal needs of the individual with ASD
- Enrichment, educational and socialization needs: interactive activities that are beneficial for the development of individual(s) including camps and other services

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Individuals diagnosed with Autism Spectrum Disorders OR the primary caregiver of the individual on the Autism Spectrum
- Preference given to families with an annual income of less than \$100,000

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- None listed

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Grants ranging from \$500-\$1,000 are awarded to 20 families
- Preference is given to first time applicants
- Grants are based on family economic need

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Not listed

**Application Methods: *Online? Paper?***

- Online

**Available in Spanish?**

- No

**Documents Required**

- A Medical Health Assessment Questionnaire completed by a Health Care Professional (<https://surveygizmolibrary.s3.amazonaws.com/library/605928/GrantApplicationMedicalHealthAssessmentQuestionnaire1.pdf>)
- Grant Cover Letter including a description of the current family situation, social/economic support system, employment status, and what the grant will be used for
- Proof of household income: most current tax return or SSI notification

**Application Deadline**

- April 30<sup>th</sup>, 2020

- Decisions are made in mid-June

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None listed

**Additional Information**

- None

## **The Kids Equipment Network**

**Website URL**

- <https://tken.org/how-we-help-kids/>

**Coverage: *What is covered?***

- Adaptive equipment including manual wheelchairs, power wheelchairs, adaptive strollers, walkers, gait trainers, crutches, standers, adaptive toilet seats, adaptive car seats and more

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Children residing in the Chicagoland area in need of adaptive equipment

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Cannot reside outside of Chicagoland
- The Kids Equipment Network may NOT have a device in stock that meets your child's need. If that is the case, then you will be referred to another organization.

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Recipients are provided with free adaptive equipment (no financial award)

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- The adaptive equipment is given directly to the child

**Application Methods: *Online? Paper?***

- Online (<https://tken.org/access-equipment/>)

**Available in Spanish?**

- Yes

**Documents Required**

- Measurements of the child
- Picture of the child to help match equipment

**Application Deadline**

- Rolling applications
- After the application is submitted, you will be contacted within 7 business days

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None

**Additional Information**

- None

**Miracle Travel Works****Website URL**

- <https://miracletravelworks.org/for-families/family-application/>

**Coverage: *What is covered?***

- Financial assistance for travel expenses (plane tickets, gas, lodging, food, etc.) associated with urgent medical treatment for serious ailments or injuries

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Families of children birth through 18 years old with serious ailments or injuries
- Must have their main residence in North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Arkansas, Wisconsin, Illinois, Michigan, Indiana or Ohio

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Reimbursement will only be provided up to 3 months after the initial travel date, but applicants are encouraged to apply prior to travel

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- No funding limits listed

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Funds provided directly to the family

**Application Methods: *Online? Paper?***

- Online

**Available in Spanish?**

- No

**Documents Required**

- Itemized receipts (if seeking reimbursement)

**Application Deadline**

- Rolling application

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None

**Additional Information**

- None



## **Variety of Illinois**

### **Website URL**

- <https://www.varietyofillinois.org/kids-on-the-go>

### **Coverage: *What is covered?***

- Funding for sports wheelchairs, adaptive bikes, walkers, strollers, prosthetic limbs and other equipment not covered by insurance
- Assistive technology
- Communication devices

### **Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Children 21 years of age and younger

### **Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- None listed

### **Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Not listed

### **Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Funds provided directly to the vendors of the equipment

### **Application Methods: *Online? Paper?***

- Online

### **Available in Spanish?**

- No

### **Documents Required**

- Recommendation from medical provider (can be a doctor, specialist, physical therapist or occupational therapist)
- Recommendation from non-medical provider (can be a coach, teacher, park district or special recreation employee or a member of the community who interacts regularly with the child)
- Photo of the child

### **Application Deadline**

- Rolling applications

### **Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- Request must be for items that health insurance does not cover (or cover completely)

### **Additional Information**

- None

## **My Gym Foundation**

### **Website URL**

- <https://www.mygymfoundation.org/apply-for-a-gift/>

### **Coverage: *What is covered?***

- Rehabilitative therapy
- Assistive devices
- Medical equipment
- Sensory items

### **Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Children with physical, cognitive, or developmental disabilities
- Applicants must be under the age of 18

### **Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- None listed

### **Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Requests limited to \$500 or less

### **Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- My Gym directly purchases all the items—it does not offer monetary gifts

### **Application Methods: *Online? Paper?***

- Online

### **Available in Spanish?**

- None

### **Documents Required**

- Specific brand/manufacture of equipment requested
- Picture of your child

### **Application Deadline**

- Rolling applications
- Committee reviews applications on a monthly basis

### **Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- None listed

### **Additional Information**

- None

## **Alyssa V Phillips Foundation**

### **Website URL**

- <https://www.alyssavphillipsfoundation.com/application-for-funds>

### **Coverage: *What is covered?***

- Therapy related to Cerebral Palsy
- Medical equipment related to Cerebral Palsy

### **Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Have a diagnosed disability of Cerebral Palsy
- Be a US citizen
- Must have tried other funding options (i.e. insurance) before applying for a grant

### **Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- Services that are covered by insurance are NOT eligible for funding

### **Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Limit of \$5,000 per year
- Lifetime maximum of \$10,000
- For requests over \$1,000, a portion of the total cost must be self-funded by the applicants
- For requests over \$3,000, a portion of the cost must be funded through sources other than the Alyssa V Phillips Foundations. Applicants should apply to at least one other charity.

### **Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Alyssa V Phillips Foundation purchases the requested item directly from the vendor

### **Application Methods: *Online? Paper?***

- Online

### **Available in Spanish?**

- No

### **Documents Required**

- Letter of recommendation from a healthcare professional (therapist, doctor, case manager, etc.)
- A denial letter or explanation of non-coverage if an applicant has health insurance or government funding

### **Application Deadline**

- Rolling applications
- Applicants will receive a response within 90 days of submission
- If an application is denied, applicants can re-apply after 150 days from the original application

### **Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- Services that are covered by insurance are NOT eligible for funding

**Additional Information**

- For any requests involving vehicle modifications, the vehicle must not be greater than 7 years old and must have fewer than 100,000 miles

**The HIKE Fund, Inc.****Website URL**

- <https://thehikefund.org/application-information/>

**Coverage: *What is covered?***

- Hearing aids
- Assistive listening devices

**Eligibility Requirements: *Precisely who is eligible? Who is not eligible?***

- Children under the age of 20
- Have not received a HIKE award in the last 4 years
- Be a US citizen
- The family's income cannot exceed \$125,000

**Service & Treatment Exclusions: *Which services are NOT eligible for funding?***

- None listed

**Funding: *Amount of funding available per fiscal year? Lifetime cap?***

- Not listed

**Disbursement of Funds: *How is the grant disbursed? Directly to the family or provider?***

- Funds paid directly to the audiologist/supplier

**Application Methods: *Online? Paper?***

- Application is available online
- Must send completed application:  
The HIKE Fund, Inc.  
c/o Claudia Hauser  
530 Elliott St.  
Council Bluffs, IA 51503  
Phone: (712) 325-0812  
E-mail: cbclaud@aol.com

**Available in Spanish?**

- No

**Documents Required**

- Letter from parents and/or guardians explaining the financial need
- Statement of income and expenses
- Last Federal Income Tax Return 1040 pages 1 and 2 (black out Social Security Numbers, Bank Account Numbers and Pin Numbers)
- Copy of recent pay stub for each wage earner (black out Social Security Numbers)
- Recent audiogram (not more than 12 months old)

- An itemized cost quotation from the supplier (include cost of hearing aid(s) and/or assistive listening device(s), cost of ear molds, cost of batteries, cost of professional fees, cost of repair warranty per year, and cost of insurance for loss and/or damage. The quotation must be submitted on official letterhead from the supplier.

**Application Deadline**

- Rolling applications
- Applicants will be notified when the application has been approved and funds are available

**Insurance Considerations: *Does having private or public insurance disqualify? Is there coordination with insurance?***

- No

**Additional Information**

- The award check is only valid for 180 days from the date written