



# O'Berry Center Foundation Family Support Request Form



The O'Berry Center Foundation grants requests for family support only when all other funding sources have been exhausted. An individual requesting assistance from the foundation must provide supporting documentation that they have exhausted their search from other funding sources. All equipment awarded through these grants are on loan to the family and must be returned when they are no longer needed as determined by professional assessments and feedback from individual. There are no specific due dates for applications. Although applications are accepted throughout the year, the best time to submit an application is at the beginning of the calendar year to ensure that foundation funds will be available at the time of your request.

The Foundation only funds equipment requests. The amount of funding available to a family per request cannot exceed \$5,000.00. Please be aware that we send professionals on home visits to assess and confirm the needs identified. We do purchase assistive technology and durable medical goods for individuals but cannot assist with purchasing vehicles. We can help with equipment modifications to existing vehicles if they are in good serviceable condition. If you are awarded a grant you must agree to have a formal evaluation with the Foundation. This may include photos, a report, or a video that shows how the life of the individual has improved with the addition of the equipment. This will be required no more than four times a year and must occur throughout the time the equipment is on loan.

## Summary of Guidelines:

- Individual receiving the equipment must have some form of cognitive disability and/or mental retardation to qualify.
- All equipment is owned by the Foundation, but can be loaned out for as long as equipment is needed.
- Individuals must live in one of the 67 counties the Foundation serves (excluding counties in western part of state).
- Funding amount must not exceed \$5,000, but there is no minimum limit to your request.
- We do not fund the purchase of vehicles, renovations, or therapy sessions of any kind.
- Applicant must have exhausted his/her search for other funding sources, and must not be able to afford to purchase the equipment on their own.
- Applicant must agree to have a formal evaluation with the Foundation, which includes home visits and contact a minimum of four times a year, until which time the loaned equipment is no longer needed and is returned to the Foundation.
- Applicant must have some form of financial hardship.

### **Required items: If these items are not available the request cannot be processed.**

1. A copy of a minimum of one professional evaluation that supports the need for the equipment requested.
2. A list of all others who have not granted you funding.
3. Invoice from the Vendor explaining breakdown of all equipment costs, taxes, and shipping.
4. The attached completed form.

Information that is required for those requesting Grants maybe returned to the Foundation by either:

- A. FAX: 919-581-4009
- B. Emailed to: [monunc@nc.rr.com](mailto:monunc@nc.rr.com)
- C. Or mailed to: The O'Berry Center Foundation  
P.O. Box 1157  
Goldsboro, NC 27533-1157

Need additional information? Call Monnie Lunsford at 919-815-4046

\*\*\*\*\*Be sure to include all requested information or your request cannot be reviewed.\*\*\*\*\*



# O'Berry Center Foundation Family Support Application Form

Date of Request: \_\_\_\_\_

1. **Name of the Person Completing this Application:** \_\_\_\_\_

Relationship to person who will receive this equipment, i.e. Case Manager, Parent, Guardian, etc.:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County \_\_\_\_\_ Private Provider Name: \_\_\_\_\_

If #1 is not Case Manager, please provide Case Manager contact information if you have one:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

2. **Name of the individual who will benefit/use the equipment:**

\_\_\_\_\_ Relationship to No: 1 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_-\_\_\_\_-\_\_\_\_

***This individual lives:***

- |  |  |
|--|--|
| <input type="checkbox"/> At home with family and is a minor      | <input type="checkbox"/> At home with family as an adult |
| <input type="checkbox"/> In an ICF/MR Community Group Home       | <input type="checkbox"/> in a DDA home                   |
| <input type="checkbox"/> At private home with non family members | <input type="checkbox"/> at a facility                   |

**3. Diagnosis (may attach additional information):**

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**3. Explain how applicant meets the significant cognitive impairment/MR diagnosis requirement (please attach documentation from professional evaluation):**

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**5. What is needed and why? How much does your request cost? \_\_\_\_\_**

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*(Provide copies of any formal assessments and recommendations that support above.)*

**6. Is the person who will use the equipment a recipient of: (Check all that apply)**

- CAP – MR or CAP – C Waiver Funding                       Medicaid Funding
- Personal Insurance Coverage    First in Families    Generations-Tadpole
- Easter Seals UCP                       NC Health Choice Coverage
- Other: Please Specify: \_\_\_\_\_

**7. List funding sources** that you have approached for support and their response: (Please remember to check with local civic groups, churches, First in Families, Generations Tad-Pole, Easter Seals UCP, Family Support Network of NC, CAP-MR, NC Health Choice, Private Insurance, Any Entitlement Program, etc)

<i>Name of Organization</i>	<i>Response to Request</i>	<i>Date Received</i>
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

Add others on back if necessary:

**8. Tell us about your family:**

A. Parents       Married       Divorced       Separated       Deceased

1. *Father's Name:* \_\_\_\_\_ *Age:* \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tele: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Employed       Retired      ANNUAL INCOME: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

2. *Mother's Name:* \_\_\_\_\_ *Age:* \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tele: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Employed       Retired      ANNUAL INCOME: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**B. Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

9. Please explain any financial hardships or circumstances that would document your inability to afford the equipment requested.

10. Please discuss any hardships (other than financial) that not having this equipment funded will cause on the family or this individual? (Answer concisely below)

11. If funded would you agree to furnish the Foundation with information (via video or pictures, along with written narratives) twice during the first **24** months after the equipment is received? This information would be used as advertising that explains what the Foundation does and who and how it helps?

Yes  No

**O'BERRY CENTER FOUNDATION**  
**FOR RECIPIENTS UNDER 18 YEARS OF AGE**

**CHILD MEDIA RELEASE**

Today's Date \_\_\_\_\_

Child's Name (*Please Print*) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

I hereby certify that I am the parent/guardian of \_\_\_\_\_, who is under the age of 21 years (or is over 21 but permission must be given by the guardian). On my child's behalf, I consent to assign all rights to the narratives, photographs, videotape, film and/or sound recordings made of my child by O'Berry Center Foundation and I authorize the use of the same by O'Berry Center Foundation. This also applies to those acting with O'Berry Center Foundation's permission for the purpose of print or Internet publication, illustration or broadcast in connection with the work of O'Berry Center Foundation. I understand that use of the aforementioned media may include publication on O'Berry Center Foundation's Internet site. This release will be in effect for original use, such as filming and/or recordings, during a two-year period from the date listed above. I also understand that the materials developed during this time may be used for more than two years (e.g. a video which may have a shelf-life of multiple years).

To ensure my child's privacy, O'Berry Center Foundation will use only my child's first name when requested.

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
(Witness for O'Berry Center Foundation)

**O'BERRY CENTER FOUNDATION**  
**FOR RECIPIENTS OVER 18 YEARS OF AGE**

**ADULT MEDIA RELEASE**

Date \_\_\_\_\_

I hereby assign all rights to the narratives, photographs, videotape, film and/or sound recordings made of me by O'Berry Center Foundation and I hereby authorize the use of the same by O'Berry Center Foundation, and those acting with its permission, for the purpose of print or Internet publication, illustration or broadcast in connection with the work of O'Berry Center Foundation. This release will be in effect for original use, such as filming and/or recordings, during a two-year period from the date listed above. I also understand that the materials developed during this time may be used for more than two years (e.g. a video which may have a shelf-life of multiple years).

I certify that I am more than 21 years old.

I have read the foregoing release and authorization before affixing my signature below, and warrant that I fully understand the contents thereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
(Witness for O'Berry Center Foundation)

**O'BERRY CENTER FOUNDATION**  
**AGREEMENT**

I agree to contact the O'Berry Center Foundation to return this equipment when it is no longer needed, so that if possible, it can be refurbished and loaned to another individual who could benefit from it.

I agree to have a formal evaluation with the Foundation, which may include home visit, phone contact, and routine customer satisfaction surveys.

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Type of Equipment Received

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Name Printed

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Signature

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Date