

Southern New Jersey Regional Early Intervention Collaborative

The Special Needs Fund

Southern New Jersey Regional Early Intervention Collaborative (SNJREIC)
1044 South Route 73
Suite A
Berlin, NJ 08009
(P): 856-768-6747
(F): 856-768-2059
www.snjreic.org

Dear Family:

Thank you for your interest in The Special Needs Fund of the Southern New Jersey Regional Early Intervention Collaborative (SNJREIC). The purpose of this fund is to provide assistance to families of infants and toddlers with disabilities under the age of three who are impacted by the high costs of supports/services not covered by Part C, medical insurance, Medicaid, or other funding sources.

Assistance will not exceed \$500 per family, per 12 month consecutive period, and will be based on the availability of financial resources within the SNJREIC Special Needs Assistance Fund, family income and child/family needs. The Special Needs Assistance Fund is supported solely by private donations and is not funded by the State of New Jersey's Early Intervention Program. The Board of Trustees meets six times a year to review all requests and has the full discretion to deny, grant, or partially award assistance for each request. Notification may not include a reason for denial.

Please review the following eligibility criteria, examine the list of all eligible services and equipment, and complete the application in its entirety. All information provided will remain confidential and will solely be used for the purpose of determining need and financial award. If you have any questions, please contact me at (856) 768-6747.

Sincerely,

Jennifer Buzby, M.Ed., LDTC
Executive Director

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Eligibility Criteria

1. Applicant must be a resident of and currently receiving Part C Early Intervention services in one of the following New Jersey Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester or Salem.
2. Applicant must be the primary legal caregiver for the infant or toddler.
3. Applicant must have a signed Individualized Family Service Plan (IFSP) in which the requested service(s) or device(s) are:
 - a. Related to the stated outcomes of the IFSP; or
 - b. Identified on the IFSP service pages.
4. The Family's Cost Share payments must be up to date at the time of the Board's review of the application (if applicable).
5. The applicant must complete and sign the full application and submit it with the following information:
 - a. A letter written by the applicant that states why he/she requests assistance from the Special Needs Fund. If the funds requested will only partially support the purchase of the device or equipment, etc., please include an explanation of how the remaining balance will be paid (payment plan, personal loan, community fundraising, etc.).
 - b. Written documentation, if applicable, that shows denial of assistance from other agencies or charities for the expense. This may be shown by providing dated copies of bills, invoices or receipts, along with statements of partial payment/rejection of benefits from insurance and/or other funding sources.
 - c. Dated* copies of bills, invoices, receipts or itemized order forms. For items that have not been purchased, please include detailed order information along with the website where the item can be purchased. If approved, all items will be purchased by the SNJREIC and shipped directly to the applicant.
 - d. If the request is for community activities/programs, a detailed description and price breakdown directly from the organization itself. This can include a brochure, printout from the company's website, official invoice, etc.
 - e. If the request is for durable medical/orthopedic equipment, a statement of need signed by the child's physician.
 - f. If the request is for adaptive/assistive devices or therapeutic toys, a letter of support from the child's Early Intervention provider and a description of what has been used in the home to meet the child's needs.
 - g. If the request is for conferences or workshops, a detailed description and price breakdown directly from the organization running the conference or workshop. This can include a brochure, printout from the organization's website, official invoice, etc.
 - h. A copy of the current IFSP.

**Expenses may not be more than one year old as of the date of submission of the application.*

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Eligible Services and Equipment

Limited to the following:

1. **Community Activities/Programs**
 - a. For example, swimming classes, recreation programs, social skills classes, and therapeutic horseback riding programs that are related to or will assist in furthering the goals outlined in the IFSP.
2. **Adaptive/Assistive Devices/Orthopedic Equipment/Therapeutic Toys**
 - a. For example, any item, piece of equipment or toy that is used to increase, maintains or improves the functional capabilities of children with disabilities. Please include a statement of need signed by the child's physician. If the request is for therapeutic toys, please include a letter of support from the child's Early Intervention provider and a description of what has been used in the home to meet the child's needs.
3. **Conferences or Workshops**
 - a. Conference or workshop registration for the applicant related to the child's special need/diagnosis.

Services and Equipment **NOT** Eligible for Assistance from the SNJREIC Special Needs Fund:

- Early Intervention Family Cost Share payments
- Medical services/bills (diagnostic evaluations)
- Clothing (unless adaptive in nature)
- Insurance co-payments
- Diapers
- Formula and nutritional supplements
- Furniture
- Heating/cooling units
- Rent or mortgage payments
- Utilities
- Exterminating services
- Strollers
- Walkers
- Jumpers
- Home Modifications (unless medically necessary or adaptive in nature)
- Membership fees for organizations
- Services/devices not listed on the IFSP or related to the stated outcomes of the IFSP

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Application

Child's Name:	Date of Birth:
Diagnosis or Area of Developmental Delay:	
Date of Most Recent IFSP:	Service Coordinator:
Amount of Request:	
Have you previously submitted an application? Yes ____ No ____	
If yes, was it approved? Yes ____ No ____	
Date approved: _____ Amount Received: _____	

Applicant (Primary Legal Caretaker) & Family Information

Name:	Name (if applicable):
Address:	Address:
County:	County:
Phone Number:	Phone Number:
Occupation:	Occupation:
Status: Full-time ____ Part-time ____	Status: Full-time ____ Part-time ____
Annual Gross Income:	Annual Gross Income:
Family Size:	

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Additional Income

Please list any other income or assistance that your family currently receives from any source:

Application Checklist

Please initial next to each of the below items to ensure that all supporting documents are included with this application:

- A. A letter written by the applicant that states why he/she requests assistance from the Special Needs Fund. If the funds requested will only partially support the purchase of the device or equipment, etc., please include an explanation of how the remaining balance will be paid (payment plan, personal loan, community fundraising, etc.).
- B. Written documentation, if applicable, that shows denial of assistance from other agencies or charities for the expense. This may be shown by providing dated copies of bills, invoices or receipts, along with statements of partial payment/rejection of benefits from insurance and/or other funding sources.
- C. Dated* copies of bills, invoices, receipts or itemized order forms. For items that have not been purchased, please include detailed order information along with the website where the item can be purchased. If approved, all items will be purchased by the SNJREIC and shipped directly to the applicant.
- D. If the request is for community activities/programs, a detailed description and price breakdown directly from the organization itself. This can include a brochure, printout from the company's website, official invoice, etc.
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- G. If the request is for conferences or workshops, a detailed description and price breakdown directly from the organization running the conference or workshop. This can include a brochure, printout from the organization's website, official invoice, etc.
- H. A copy of the current IFSP.

Application Certification

I certify that:

1. These expenses are related to the needs of my child as identified on his/her IFSP.
2. These expenses were not paid by any other source.
3. All of the information contained in this application is true/accurate.
4. The financial assistance will be used for the approved purposes.
5. I understand that financial determination will be made at the sole discretion of the SNJREIC.

Signature of Applicant

Date

Signature of Applicant

Date

Mail completed application to:

The Special Needs Fund
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