

# APPLICATION FOR RISING STARS FUND

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

City & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Age of child(ren) with disability: \_\_\_\_\_

Type of disability (check all that apply)

Developmental Delay

Orthopedic Impairment

Fragile Medical Condition

Vision

Hearing

Speech/language

Other \_\_\_\_\_

Does your child qualify for an Early Intervention (EI) or Early Childhood Special Education (ECSE) program?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

(children do not need to be enrolled in an EI/ECSE program, but they must qualify)

Please indicate which, if any, of the following services or benefits you currently receive for your child:

SSI/Medical Card

DD Services

OHP

Group or individual health insurance

## Amount of funding requested \$

Counseling                       Equipment/Safety Aids

Medical Care                       Therapy Services

Respite Care                       Testing

Specialized Care Devices

Other (please specify) \_\_\_\_\_

Please write below a better detail of what you are needing.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Signature of person applying:

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

CENTRAL OREGON DISABILITY SUPPORT  
NETWORK

2525 NE Twin Knolls Drive, Suite 7  
Bend, OR 97701  
Phone: 541-548-8559  
Web: www.codsn.org



## RISING STARS FUND

PROVIDING FINANCIAL SUPPORT TO  
FAMILIES WHO CARE FOR YOUNG  
CHILDREN WITH DISABILITIES  
AGES BIRTH—5 YEARS OLD

A Program of Central Oregon  
Disability Support Network



## SPECIAL NEEDS... OR SPECIALIZED NEEDS?

Children with disabilities or developmental delays are often said to have “special needs.”

For families caring for such a child, the term “**specialized needs**” may seem more appropriate at times—specialized therapy, medical care and equipment. And emotionally, you may need a special kind of support to keep yourself, your marriage or your family strong.

Too often “special” needs translates to “expensive” needs. Regardless of your income, all families make significant financial sacrifices to meet the needs of a child with disabilities.

Rising Stars Fund is now able to offer limited financial support to families who care for a child between birth and five years of age with disabilities or developmental delays. This program, the Rising Stars Fund, is made possible by the donation from the Board of Directors of the Alyce Hatch Center, and volunteer efforts of the Central Oregon Disability Support Network.

The Rising Stars Fund has been designed to help families meet some of the special expenses they may face in caring for their children with disabilities.

One of the goals of the Rising Stars Fund is to help families who may not qualify for other financial assistance for benefits because of their income, category of disability or type of services needed. We are also interested in working cooperatively with other funding sources to help achieve this program. All families of qualified children are encouraged to apply.

## DO YOU QUALIFY?

The following guidelines will be used to determine eligibility:

1. The child with the disability/developmental delay must be between the age of birth to five years and qualify for Early Intervention or Early Childhood Special Education service.
2. The child and family must live in Deschutes, Crook or Jefferson County.
3. Funding priority will be given to requests that fall into one or the following categories: Medical care, testing, therapy, or other health-related expenses; Equipment, safety aids or specialized devices; Respite care, or individual or family counseling.

Other categories of requests will be considered if the Rising Stars Fund has sufficient funds.

Applications will be reviewed on a monthly basis, so requests for emergency funds cannot be met.

Whenever possible, direct payment to vendors is preferred, but reimbursement requests will be considered. All applications will remain confidential.

## APPLICATION PROCESS

Applicants must complete the form included with this brochure and provide a statement that includes the following information:

- Name, address & phone number of the applicant
- Description of how the funds will be used
- How the use of the funds can be documented (receipts, direct pay, etc.)
- What other financial resources, if any, may be use to help fund the purchase

Letters of support from health care professions, case managers, or others are accepted but not required.

**Applications or questions should be directed to:**

**c/o Rising Stars Fund**

**Central Oregon Disability Support  
Network**

**2680 NE Twin Knolls Drive, Suite 150**

**Bend, OR 97701**

All applications will be notified of the funding committee’s decision. Applicants who are not funded can choose to have their requests carried forward to the next funding period.