

HOW TO APPLY

To apply, complete the form included with this brochure and provide a statement that includes the following information:

- Description of how the funds will be used.
- If you are requesting services through a provider, please include the providers name and address for where they receive payments.
- What other financial resources, if any, may be used to help fund the purchase?
- Letters of support from health care professionals, case managers, or others are accepted but not required.

Applications or questions should be sent to info@codsn.org or mailed to:

Central Oregon Disability Support Network
2525 NE Twin Knolls Drive, Suite 7
Bend, OR 97701

WHAT TO EXPECT

- Families can apply for up to \$400 of services/items per eligible child per year.
- If you are requesting items to be purchased, please include links to the items you are requesting.
- Applications are reviewed by the Board on a monthly basis (requests for emergency funds cannot be met).
- All applications will remain confidential.
- All applicants will be notified of the Board's decision.

BEND OFFICE & MAILING ADDRESS

2525 NE Twin Knolls Dr. #7
Bend, OR 97701

✉ info@codsn.org

☎ 541-548-8559

🌐 CODSN.ORG



we are a 501(c)(3) Non-profit
Tax ID:27-167-3516



RISING STARS FUND

Providing Financial Support
to families who care for
young children with
disabilities (Birth - starting
Kindergarten).





SPECIAL NEEDS... OR SPECIALIZED NEEDS?

Often “special” needs translates to “expensive” needs. Regardless of income, families make significant financial sacrifices to meet the needs of a child with disabilities. The Rising Stars Fund exists to help families facing additional expenses that occur while caring for their children with disabilities. One of the goals of this fund is to help families who may not qualify for other financial assistance because of their income, category of disability or type of items or services needed.

DO YOU QUALIFY?

To qualify:

1. The child with the disability/developmental delay must qualify for Early Intervention or Early Childhood Special Education services. A child is eligible from birth until they start Kindergarten.
2. The child and family must live in Deschutes, Crook or Jefferson County.
3. Items and services requested must be related to the disability and not covered by other means.
4. 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.



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

- SSI
- Developmental Disability Services (DD)
- Oregon Health Plan (OHP)
- Group or individual health insurance

FUNDING REQUEST INFORMATION

Amount: \$ _____ (not to exceed \$400 value)

Type of Request:

- Testing
- Medical Care
- Counseling
- Therapy Services
- Respite Care
- Specialized Device: _____
- Equipment/Safety Aids: _____

Provider's Name & Address:

Signature of person applying:

Relationship to child: _____

Date: _____

Parent Name: _____

Child's Name: _____

Date of Birth for Child w/disability
(mm/dd/yyyy): _____

Has your child started Kindergarten? Yes No

Mailing Address: _____

City: _____ Zip Code: _____

Phone: _____

Email: _____

Type of disability (please 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

Your child does not need to be in an EI/ECSE program, but they must qualify.