

Ryan Shelor Fund Application for Services

The Ryan Shelor Fund is organized exclusively for charitable purposes, more specifically to expanding opportunities and enhancing the quality of life of children and young adults with physical, cognitive, and emotional challenges and their families who reside in the Roanoke Valley and surrounding areas. The Ryan Shelor Fund will raise income through events, corporate and personal sponsorships to fund this nonprofit organization which will subsidize needs such as medical, therapeutic and general expenses, durable medical equipment, allowing opportunities to participate in social or fun activities. Low to middle income clients who are unable to qualify for assistance through alternate resources will be specifically targeted. Financial assistance will be provided specifically to individuals for needed goods, services, medical care through this application process.

- 1. You must be able to demonstrate an attempt at alternate funding**
- 2. Complete the attached application completely**
- 3. Mail, email or fax to the address/number listed on the last page.**
- 4. The completed application will be presented to the Board of Directors for;**
 - approval with a “not to exceed” limit**
 - request for additional information**
 - or denial of the request**
- 5. Applicant will be notified of decision**
- 6. If approved, funds will be disbursed to the provider of goods or services on behalf of the individual.**
- 7. Client will sign the Applicant Post Award statement on the last page of the application.**

An example of this process would be a child with cerebral palsy whose physician has provided a prescription to receive physical therapy. The family has pursued all alternate resources such as private insurance or Medicaid and still does not have enough funding to pay for therapy. Upon completing an application and Board approval of the application which would include a dollar amount limitation, therapy sessions would be arranged for the child through his legal guardians and the Ryan Shelor Fund would pay the physical therapy provider (up to the approved limit) directly for the child’s approved therapy sessions.

Ryan Shelor Fund Application for Services

Applicant's Name: _____ SSN: _____
Disability (ies) _____ Age: _____ DOB: ___ / ___ / ___
Applicant's Guardian: _____ Email: _____
Applicant's Street Address _____
City: _____ State: _____ Zip: _____ Telephone: _____

How is the applicant's disability documented? (Check all that apply):
____ Applicant report of disability ____ Evaluation report ____ Other (identify below)
____ RSF Board observation of disability ____ Medical Report _____

What aspects of daily life are currently limited for the Applicant? (Check all that apply):
____ Participation in home/family ____ Communication ____ Employment
____ Mobility ____ Transportation ____ Participation in community
____ Self-help/self-care ____ Education ____ Other (identify) _____

Size of family unit _____

What direct services are planned? Please list specific goods and/or services to be provided for the Applicant with specific costs of each good or service as well as the name/address of the provider if identified.

1. Description _____ Cost \$ _____
Vendor/provider name& address _____
2. Description _____ Cost \$ _____
Vendor/provider name& address _____
3. Description _____ Cost \$ _____
Vendor/provider name& address _____
4. Description _____ Cost \$ _____
Vendor/provider name& address _____

Total Service cost \$ _____ Other funding provided? \$ _____ Applicant's Funds? \$ _____
(List other funding sources attained): _____

What other sources of funding have been explored?
____ Social Services ____ Insurance ____ Local churches
____ Red Cross ____ Civic Groups ____ Relatives
____ Medicare/Medicaid ____ Lion's Club ____ Other: _____

Amount of funding you are requesting from the Ryan Shelor Fund to assist in the services \$ _____

How will the planned services assist the Applicant improve their quality of life? _____

I certify the above statements to be true: _____ Date _____
Applicant (or legal guardian)

Applicant name (from 1st page): _____

The above named Applicant is **ELIGIBLE** for services funded in the amount of \$ _____ as approved by a majority vote of the Ryan Shelor Fund Board of Directors as given by:

SIGNED _____ **Date** _____
Board member

SIGNED _____ **Date** _____
Cindy Shelor – Treasurer

The above named Applicant is **INELIGIBLE** for the services and received a written statement of ineligibility. Reason for ineligibility: _____

SIGNED _____ **Date** _____
Cindy Shelor – Treasurer

RYAN SHELOR FUND POST AWARD:

The **Applicant** received the following services funded or provided in whole or part by the **Ryan Shelor Fund**: _____

SIGNED _____ **Date** _____
Board member

APPLICANT POST AWARD:

I acknowledge the receipt of services funded or provided in whole or part by the **Ryan Shelor Fund**: _____ **Date** _____

Applicant (or legal guardian)

Mail to: Ryan Shelor Fund P.O. Box 1145 Salem, VA. 24153-1145	FAX TO 540-387-3397 Questions?	EMAIL jesshokie@aol.com Call: 540-520-3439
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