



West Deerfield Township

Reaching Out
to Serve the Community



Community Support Grants for Persons with Disabilities

West Deerfield Township is committed to enhancing the lives of its residents. To that end, the Township has developed a program for residents with disabilities, aimed at improving their access to their community. Grants up to \$1000 per household per grant cycle year may be awarded to residents of West Deerfield Township to help meet the specific needs and extraordinary expenses which often impede accessibility at home, at school, and in the community.

Services or expenses which may qualify for this program include home remodeling/adaptation, transportation equipment, communication devices, durable medical equipment, specialized therapy tools, therapies or recreation activities or other user-centered products or services which foster accessibility and independence.

Residents with physical impairment (either permanent or temporary), developmental and cognitive disability or delays, or mental illness are encouraged to apply. This program is intended to help those in our community with the greatest financial need, and should, therefore, be considered, needs-based. There is not at this time, however, an income ceiling.

All information contained in applications for Accessibility Grants are kept strictly confidential. Identifying information is deleted from applications before they are reviewed by the grant committee.

Printed copy applications are available in the township office: 601 Deerfield Road, Deerfield IL, or at the township website: westdeerfieldtownship.org.

Applications are reviewed on a quarterly basis. The deadlines for submission are **March 31, June 30, September 30 and December 31**.

Fax applications to 847.945.3051, or mail/ drop off your completed application at the Township Office. Attn: Alyson Feiger-Confidential. If you have any questions feel free to call Township Supervisor Alyson Feiger at 847-945-0614



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Community Support Grants for Persons with Disabilities APPLICATION

Name (person with disability): _____ Age: _____

Address: _____ Date: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Name of person completing this application (if different from applicant):

Relationship to applicant: _____

Address (if different from applicant): _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Grant will be used for: _____

***Specific description** of type of durable medical equipment, remodeling/adaptation, transportation, communication device, therapy or service requested for accessibility.

Amount of funding requested: _____

Estimate or pricing for the exact item/items specified *must be attached to this application.

Documentation must come directly from service provider, or outline specific costs for all durable medical or communication type of equipment with costs associated from vendor.



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Briefly describe disability or medical condition and way in which the described disability impedes accessibility or independence:

*Attach documentation from service professionals, physicians, therapists, or social workers that explains the specific diagnosis and outlines why the requested funding is necessary for the individual

Please describe how this grant funding will be used in meeting the applicant's special needs:

*Description should include how the grant will assist the applicant in accessing their community



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Please tell us a little about the applicant's household

Number of individuals living in household of applicant (and ages): _____

Total annual household income: _____

Is the applicant receiving any financial assistance, grants, scholarships, federal or state funding?

If yes, please list and provide funding amount:

Please describe any special circumstances which make financial assistance for this need necessary:

- Please attach added pages as needed



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VERIFICATION OF INFORMATION

I stipulate that the information included in this application is true to the best of my knowledge. Further, I understand that any misrepresentation or the presence of inaccurate information in this application could result in the need for re-evaluation of this application or in West Deerfield Township's refusal to offer financial assistance.

Recipient Signature or Signature of Legal Guardian

Date

RELEASE OF LIABILITY

In consideration of the receipt of certain enabling equipment, assistive technology or services awarded by West Deerfield Township, _____ (the Recipient thereof or his/her legal guardians), hereby releases and forever discharges West Deerfield Township and its members, agents, employees and officers from and against any and all claims of any type, which arise from or are related to:

- Any alleged malfunction of or defect in the enabling equipment
- Any allegation that the grant or equipment was not appropriate or suitable for the Recipient
- Any other matter of any type, related in any way to, or arising out of, the Recipient's receipt or use of the enabling equipment, assistive technology, services or funding
- Any referral to any person, firm, corporation, governmental unit or other entity (however described) in connection with enabling equipment, assistive technology or services of any nature

Recipient Signature or Signature of Legal Guardian

Date

**No Applications will be processed without all necessary signatures and qualifying information*

DISCLAIMER

The mission of the *West Deerfield Township Community Support Grants for Persons with Disabilities* is to help resident's purchase enabling equipment and assistive technology or secure services through financial assistance grants. The equipment and services provided carry no warranty from West Deerfield Township. Its use, even in the event of malfunction resulting in injury, gives rise to no liability on the part of West Deerfield Township, its employees, members or officers. West Deerfield Township is in no way responsible for reclaiming, disposing of, maintaining or repairing equipment or assistive devices. It is the sole responsibility of the Recipient or legal guardian of the Recipient to maintain, repair and/or dispose of the equipment. Any other costs that may be associated with equipment or assistive devices, or any items brought about by West Deerfield Township funding (such as installation, delivery, labor, disposal, etc) that are not explicitly stated in the application and therefor part of the overall funding dollars, are the sole responsibility of the Recipient or legal guardian of the Recipient. All installation of adaptive or accessibility equipment must be in compliance with applicable building codes. West Deerfield Township is on no way responsible for ensuring compliance with any codes.

West Deerfield Township believes information supplied in connection with this application is protected by privacy laws. No information will be disclosed unless required by the Office of the Attorney General, State of Illinois.

I _____ am the potential Recipient or Legal Guardian of
_____.

I have read and fully understand and agree with the above disclaimer.

Recipient Signature or Signature of Legal Guardian

Date

**No Applications will be processed without all necessary signatures and qualifying information*



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APPLICATION GUIDELINES AND PROTOCOL

- Grants are reviewed during quarterly meetings of the Grant Review Committee. Grants must be postmarked, or faxed (fax 847.945.3051), or dropped off at the Township Office by the submission date preceding each quarterly meeting to be considered.
- The Committee is made up of professionals in rehabilitative and special recreation services (physical therapy/occupational therapy/senior living specialists/ social workers/attorneys) as well as parents and community members who have experience in various areas of disability and community access. All committee members serve as volunteers.
- All grants are reviewed blindly by the committee as a whole, with personal information remaining completely confidential.
- This program is intended to help those in the community with the greatest financial need, and should therefore be considered as needs-based. The review committee considers many factors in their overall assessment of financial need on a person to person basis.
- Grants will ONLY be paid to third-party vendors with appropriate and approved purchase order or estimate of cost.
- Grants must be used within nine months of approval- and all receipts of service must be submitted
- Grant maximum is not to exceed \$1,000 annually /per household
- Grants may be used in combination with other state or federal funding the applicant may be receiving, or other grant awards received
- Documentation to verify any portion of this application may be requested.
- Proof of West Deerfield Township residency must be attached for the applicant with this application. Examples include, but are not limited to; school registration, utility bill, or voter registration card.

If you have questions during the completion of this application, please contact West Deerfield Township Supervisor Alyson Feiger at 847-945-0614 or westdeerfield@sbcglobal.net.