Kids in Need (KIN) Special Project - Taos Community Foundation

Overview and Mission: Taos Community Foundation established the Kids in Need (KIN) Special Project to assist children and their families with financial assistance to acquire durable medical or adaptive equipment. The intent with this initiative is to focus on children whose families have exhausted other sources of funding for necessary medical equipment, or are not eligible for traditional State insurance programs.

Eligibility Requirements: Applications will be accepted for funding consideration, provided that all 5 of the following conditions are met:

- The applicant must be younger than 18 years of age.
- The applicant must be a resident of Taos County.
- The applicant must have a medical need that is verifiable by a Medical Provider or Special Education Teacher.
- The requested equipment is essential to the well-being or quality of life of the child/applicant.
- The applicant has exhausted all other sources of funding (i.e. insurance benefits, Medicaid, Children's Health Insurance Program (CHIP), etc.)

Additionally, the Parent/Guardian of Applicant must agree to provide the following:

1. A statement from the applicant's referral agent (medical provider or special education teacher) defining the need for requested medical/adaptive equipment.
2. A documented cost estimate of the requested medical/adaptive equipment from the vendor.
3. A signed Release absolving Taos Community Foundation of all liability for injury or harm, for the care and use of requested equipment – provided at time of award.
4. A Signed Agreement (to be provided at the time of the award) providing, among other things, that the applicant and his/her family will not sell any purchased equipment or other items received through the KIN Fund.

Confidentiality and Selection Process: Applications are accepted on a rolling basis, meaning there is no deadline for submission. All information collected through the application review process will be held in strictest confidence and stored in accordance with the New Mexico medical records requirements and HIPAA (Health Insurance Portability and Accountability Act). Access to such information will only be available on a "need to know basis" by employees of Taos Community Foundation and KIN Advisors. Access by a private person or a medical care provider will only be made with an executed HIPAA medical release.

All applications will be considered. Please provide as much detail as possible, particularly regarding the total cost of the requested equipment. The average KIN award is $1,500.00.

Applications will be reviewed in a timely manner, taking into consideration the current need as outlined in the application. The decision of the KIN Advisory Committee concerning application requests is final and may not be appealed. A formal decision will be made in writing. Letters of award will outline the steps necessary for the financing and delivery of the requested equipment. All funding will be paid directly to a recognized vendor. Funds will not be paid directly to the applicant or any one individual acting on behalf of the applicant.

Taos Community Foundation ~ PO Box 1925, 114 Des Georges Lane ~Taos, NM 87571
(575) 737-9300
grants@taoscf.org

updated January, 2013

Foundation Restrictions and Limitations:

Taos Community Foundation does not award grants for religious or political purposes, to individuals or governmental agencies. TCF provides grants to eligible applicants as long as funds are available, without regard to race, creed, color, gender, marital status, sexual orientation, gender identity, age, veteran status, disability, country or place of origin, ethnicity, or citizenship status of the applicants.

Applications may be submitted by one of the following means:

1. **Email**: grants@taoscf.org Subject line to read **KIN Application**
   Signature pages may be sent as a PDF attachment

2. **Hand Delivery:** Taos Community Foundation, 114 Des Georges ~ Taos NM

3. **US Mail:** Taos Community Foundation ~
   PO Box 1925, Taos, NM 87571
   *** Attn: KIN Application

For more information, please contact one of the following:

Sandy Thiese, KIN Advisor
(575) 779-9513 or kinoftaos@gmail.com

or

Lisa O'Brien, Foundation Grants Director
(575) 737-9300 x-22 or by email: grants@taoscf.org

Any/all application materials must be submitted directly to the Taos Community Foundation as noted above. Applications that come through other means will not be reviewed.

File #: __________

For TCF Record Only

APPLICATION COVERSHEET

1. **Applicant Information:**

Applicant Name: ____**Age:** _____________

Mailing Address: ____

Name of Parent/Guardian living with the Applicant: __________________________________

Home Phone: ___________________________ **Mobile Phone:** __________________________

Email Address: ____

2. **Referral Agent (please select one)**

- ☐ **Special Education Contact**
- ☐ **Medical Provider**
- ☐ **Other (please describe):** ____

3. **Referral Agent Contact Information:**

Name: ____

Clinic/School: ____

Phone: ___________________________ **Email:** ______________________________________

4. **Please select one from the following list that best represents the current need:**

- ☐ **This is an immediate/emergency need**
- ☐ **This is for replacement equipment and is not considered an immediate need at this time**
- ☐ **This is for an equipment upgrade that will be needed within the next 6 months**
- ☐ **Other (please describe):** ____

Taos Community Foundation ~ PO Box 1925, 114 Des Georges Lane ~Taos, NM 87571
(575) 737-9300 grants@taoscf.org

Referral Agent Narrative

The following must be filed out by the Referral Agent, <u>not the applicant or applicants Parent/Guardian.</u>

1. **How is the requested equipment essential to the well-being or quality of life for the applicant?** Please share with us specifics (i.e. to increase mobility, assist with school participation, etc.)

2. **Medical/adaptive equipment requested** – please provide a layman's description of the equipment requested. The specific information, such as the item name, size, model number, equipment company/vendor, etc. must be outlined on the attached Cost Estimate.

3. **Cost of equipment** – please note that a cost estimate from the equipment vendor must accompany this application. Is this request for the entire cost of the equipment or is there a portion of the cost already secured through other means (insurance, family resources, etc.)? Please provide as much detail as possible.

4. **Financial Need – This section must be completed/endorsed by Referral Agent.** please indicate which best describes the current insurance situation:
   - o Applicant is not eligible for Medicaid, as confirmed by Referral Agent
   - o Applicant applied for Medicaid or Children's Health Insurance Program (CHIP) coverage, but was not approved. Denial date: __________
   - o Applicant applied for requested equipment, but the claim was denied, for the following reason (please be specific):
   - o Private Insurance Co-pay or Deductible cannot be met due to financial strain
   - o Other (please explain):

Please attach an additional sheet if there is not enough room to provide your narrative on one-page. Ease of reading for the review committee is much appreciated.

Taos Community Foundation ~ PO Box 1925, 114 Des Georges Lane ~Taos, NM 87571
(575) 737-9300 grants@taoscf.org

Checklist / Signature Page

By signing below, I attest that the information provided is accurate and true, and that the following documents are included:

- ☐ Application Coversheet
- ☐ Referral Agent Narrative
- ☐ Documentation of Cost Estimate is attached
- ☐ Checklist / Signature Page

____

Parent/Guardian of Applicant Date

____

Referral Agent Date

Taos Community Foundation ~ PO Box 1925, 114 Des Georges Lane ~Taos, NM 87571
(575) 737-9300 grants@taoscf.org