



United Cerebral Palsy Association Of Oregon and SW Washington

305 NE 102nd Ave. Suite 100, Portland OR 97220
Phone: 503-777-4166 or 800-473-4581 FAX: 503-771-8048

Zetsoch Fund Application Guidelines

Purpose

The fund was established in 1976 to provide money to support the purchase of adaptive equipment and direct services to help children with disabilities become successful in school.

Criteria

To qualify for consideration by UCP, candidates must be all of the following:

- Children with cerebral palsy and related disabilities.
- Children ages 0-21 who are enrolled in school.
- Children who require eligible adaptive equipment or direct services in order to attend elementary school, middle school, or high school (or the equivalent).
- Children who are Oregon residents (though it is not a requirement that they be U.S. citizens).
- Children whose families have demonstrated financial need through a variety of methods, including but not limited to:
 - Family at or below federal poverty level
 - Child receives SSI or Medicaid assistance
 - Family receives aid through Temporary Assistance for Needy Families (TANF)
 - Child qualifies for Oregon Health Plan or other state health insurance program
 - Family above the federal poverty level, but has demonstrated that it would be a severe financial hardship to purchase the equipment or services needed for their child.

SUBMIT:

- 1) A complete application
- 2) A letter specifying why the item is needed and what funding sources have already been tried. The letter can be written by a physician, therapist, specialist, teacher, or other school staff who are in a position to know specifically what the child needs to become successful in school, and who can provide equipment support if needed.
- 3) A vendor quote/estimate/list showing costs of all items and where they can be ordered. Please be specific, i.e. model numbers, etc.
- Submit all items in one email to gtunning@ucporegon.org

Awards

- Children may be awarded no more than \$1,800 in assistance per year.
- Assistance may involve the purchase of equipment which will enhance the student's ability to actively pursue their education (including but not limited to wheelchairs, mounting systems, augmentative communication, software, keyboards, iPads, tablets and computer equipment)



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Zetosch Fund Application

Family Information

Parent(s): _____ Child: _____

Diagnosis: _____ Date of Birth: _____

E-mail: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Service or Equipment Requested

_____ Cost \$ _____

(Attach quote with links, vendor, model #, photos, etc.)

Where do you want the equipment shipped? _____

Financial Information

Receive/Qualify for SSI and/or Medicaid Receive services through County/State
 Receiving No Financial Assistance Family Size: _____ Yearly Gross Income: _____

Race/Ethnicity – for child with Cerebral Palsy (Optional)

Caucasian African American Hispanic Native American Asian _____

School System Related to Request

School: _____ School District: _____

Recommending Therapist/Specialist/Teacher: _____

E-mail: _____ Phone: _____

Address: _____ City: _____ Zip: _____

OFFICE USE ONLY

Date of Receipt: _____ Accept/Denial Zetosch ID# _____

Authorized by: _____ Amount: \$ _____ FR DB

Invoice Rec'd: _____ Invoice Amount: _____ Acctg _____

Denial Reason: _____