

# Bellows Fund Application



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UCP of Greater Dane County is pleased to partner with our national office to offer funding for Assistive Technology through the Bellows Fund/Grant. The Bellows Fund is available to children and adults who currently receive our services and who also have a demonstrated need for any item/equipment that is used to increase, maintain or improve the "functional capabilities" of individuals with disabilities.

Each request is reviewed on an individual basis and may be granted in full or partial awards dependent on assessed financial need. Financial eligibility will be established based upon financial records such as annual tax information, or other documentation for the individual.

There is no deadline for submitting applications. Applications are accepted until funding is exhausted for the current calendar year.

## **TO APPLY FOR FUNDS:**

1. Complete and submit this application to Executive Director, Ginger Schwahn at [gingerschwahn@ucpdane.org](mailto:gingerschwahn@ucpdane.org) or 2801 Coho St. Suite 100, Madison, WI 53713
2. Applications that meet the necessary requirements/guidelines will be forwarded to the Bellows Fund Committee.
3. Nominees will be notified in writing of the committee's final determination. The nominee is the person who will personally receive and use the item, device or equipment.

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Nominee Name:

Parent/Guardian  
Name (if applicable)

Address:

City State Zip

E-mail

Phone Number

Service Nominee is  
involved with:

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Amount Requested:

Description of item or equipment:

How will this item benefit the person?

Vendor, Item # or other helpful info:

Total Cost of Equipment:

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**FINANCIAL SUMMARY:** UCP of Greater Dane County must certify that the nominee has exhausted all other financial resources as a part of the review process by the Bellows Fund Committee.

Gross Household Income:

Size of Family:

Long Term Support Funding

CCOP

CLTS

Family Care

IRIS Participant

Other benefits/  
funding:

SSI

SSDI

Medical Assistance

Health Insurance

Long Term Support contact: (Name and Agency)

Is the item covered by an option checked above?

List other funding options approached or denials received.

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Person Completing Form

Relationship to Nominee

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**Nominee, Parent/Guardian Consent:** By signing below, you certify that the above information is accurate. Additionally, you consent for UCP of Greater Dane County to verify, if needed, with your Long Term Care Support contact (Case Manager, IRIS Consultant, Care Manager) that the requested item is not covered through another source. Your signature also verifies your consent to submit this request on behalf of the nominee to the Bellows Fund Committee.

Signature:

Date: