

## Request for Foundation Assistance

The SDSI Foundation is a benevolent foundation that wishes to assist as many people as possible that have no other place left to turn for help. These funds are not limitless. In order to help as many people as possible, we must act as good stewards of this money. The SDSI Foundation is to be viewed as a last resort resource for dire needs that would otherwise go unmet.

In each request please be sure to include the following:

- Is this need covered under insurance? Explain why it is not covered.
- Will the MCO provide for this need? Include a copy of their denial of help, if available.
- Can the client help themselves – either 100% funding or less? Some clients have a savings account. Some clients have an income. Perhaps the provider of the needed goods or services would accept a payment plan. Explain why the client cannot help themselves.
- What other avenues of help have been sought? This would include family and other foundations. Please list them. Include a copy of their denial of help, if available.
- If request is for a client age 21 or younger, have you considered The Kansas Special Health Care Needs (SCHN) Program? <http://www.kdheks.gov/shcn/>

Summarize and include all information in the request. This would include the amount being requested, the date it is needed, to whom to write the check, to whom to send the check. Be sure supporting documents and denials of help are attached.

This information will enable the Foundation to reach a better decision.

Please try to “paint a picture” with your words of the Who, What, When, Where, Why funds are needed from SDSI Foundation as your last resort.

## ABC Provider, LLC

123 Main St  
Anytown, KS 12345

620-555-5555  
fax 620-444-4444

SDSI Foundation  
1808 Palace Drive, Suite C  
Garden City, KS 67846

Dear Sirs:

Joe Client is a child in the SDSI service area that is receiving case management service and supportive home care. This family struggles financially with Mom and Dad having problems keeping jobs due to their own disabilities and health issues. Joe receives SSI benefits and Susie Provider is his payee.

Joe had surgery to repair his left ear drum. He has an appointment on November 6 at 3:15pm at the Wichita Ear Clinic to follow up on the surgery. The family will travel to Wichita that day and would like to stay overnight and drive home the following morning.

I am asking the Foundation to consider a grant for \$136 to assist the family with making this trip. This breaks down to \$73 for one night motel (see attachment) and \$63 for meals for Joe plus two adults. That is three meals for three individuals at \$7 each. I have checked with Joe's payee and he does not have the money to pay for this trip.

If this request is granted please make the check out to Cindy Payee and mail it to her at 123 Pine Street, Hometown, KS 12345. I have presented this request as early as possible because it would be most helpful if they would have the funds, or a declination, in time for their trip so they may plan accordingly.

Thank you in advance for your consideration of this request. If you have any question, please call or email me.

Sincerely,

Julie Casemanager  
Case Manager

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Anytown, KS 12345

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1808 Palace Drive, Suite C  
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Joe needs a special electronic device to help him develop his speech. I have attached a note from his doctor indicating the need for this device. I have also attached the letter from XYZ Insurers, his insurance provider, where they refuse to help Joe in this matter. This device is available from Electronics R US for \$109.99. Please see attachment.

If this request is granted please make the check out to Electronics R Us and mail it to me at 123 Pine Street, Hometown, KS 12345. I will help Joe and his family order this device.

Thank you in advance for your consideration of this request. If you have any question, please call or email me.

Sincerely,

Julie Casemanager  
Case Manager