



Easter Seals Oklahoma

Creating Solutions, Changing Lives.

Direct Financial Assistance Program

Easter Seals Oklahoma provides direct financial assistance for purchase of medical equipment and services for children and adults with all types of disabilities. Individuals must be from economically eligible families and demonstrate a need for financial assistance.

Application Guidelines (must contact Debbie Rucker to request financial request form):

1. Financial assistance requests can be submitted year round and is based on individual need.
2. Financial need of the individual or minor's family will be evaluated and documented through information provided on the application and by submission of a photocopy of the most recently filed Federal tax return (Internal Revenue Service 1040, 1040-A, or 1040-EZ).
3. Applications will be accepted without regard to race, national origin, ethnic background, sex, or religion. However the individual must be diagnosed with a physical and/or mental impairment, where the impairment is verified by medical findings, to be considered for financial assistance.
4. Please be as specific as possible in a written letter regarding the details of the requested assistance and how it will enhance the quality of life for the individual and family.
 - a. Specific impact the individual's medical condition(s) have on their life
 - b. How the medical equipment/assistive technology will overall enhance the individual's quality of life
5. The application process is designed to be as simple as possible, therefore, if any information is missing or the application is incomplete, the application will be returned for completion, potentially delaying the process for assistance.
6. Financial assistance will be in the form of needed equipment, **not in cash**. The licensed company, facility, manufacturer, business, service provider, or individual goods or services provider will be paid directly by Easter Seals Oklahoma.
7. Face to face interviews with applicants will be conducted prior to application approval.

8. All supporting documentation must accompany the completed application. This includes:
 - Statement of medical necessity for the purchase, from individual's physician or therapist
 - Diagnosis
 - Recommended service, medical equipment, and/or treatment procedures
 - the need for this type of medical equipment/assistive technology and how it will be beneficial to treatment of the individual's diagnosis
 - Income Verification: (Copy of previous tax year IRS 1040, 1040-A, 1040-EZ form, last 2 payroll check stubs, other mitigating circumstances)
 - If applicant received unemployment benefits, please request from the Oklahoma Employment Security Commission the Benefits Reported to IRS (1099).
9. Applications requesting partial funding or reimbursements for previous purchases will not be considered.
10. Easter Seals Oklahoma has no obligation to consider applications in the order in which they are received. **All applications will be considered based on their individual merits and availability of funds.**
11. Easter Seals Oklahoma reserves the right to reject any request.
12. ALL FINANCIAL ASSISTANCE IS SUBJECT TO AVAILABILITY OF FUNDS.
13. Questions may be directed to Easter Seals Oklahoma by contacting Debbie Rucker at 405-239-2525 ext. 27 and/ or e-mail at: drucker@eastersealsoklahoma.org

