



84 Park Avenue, Suite G-106, Flemington, NJ 08822

The NJ DERA Fund – COVID-19

Disaster/Emergency Rapid Assistance Fund

What is the SBRN DERA Fund? The SBRN Disaster/Emergency Rapid Assistance (DERA) Fund was initially started to provide emergency assistance to people with spina bifida following a crisis precipitated by an event such as a natural disaster, fire, accident or other emergency. ***During this time of public health crisis, the fund is now focusing on emergent needs during the coronavirus pandemic.***

The DERA Fund helps individuals with acquiring medical supplies, covering non-reimbursable medical costs, assisting with adaptive equipment or other basic needs (e.g., food or other supplies) in response to an urgent need. *These funds are to be used as the last resort when no other assistance is available.*

Who Can Apply? You can apply for reimbursement if you or your child has spina bifida, are a New Jersey resident and have emergency needs related to your disability and the coronavirus pandemic situation.

What Costs Can I Be Reimbursed For? You may be able to receive reimbursement or assistance towards the repair or replacement of adaptive/specialized equipment (e.g., broken wheelchairs, braces, etc.), medical supplies (e.g., catheters, incontinence needs, etc.), medical costs, medications, or other basic needs. **Please note that this fund is for immediate/emergency needs only, and not for ongoing needs.** Other items not mentioned here may be reimbursable if they are in direct response to an urgent need and are related to your disability. If you are unable to cover the costs up front, we may be able to pay the vendor directly if provided with an appropriate invoice.

Due to limited funding, we may not be able to assist with full costs and we are limiting the maximum award amount to \$300. (This could potentially be waived in extreme circumstances.) This is one-time only assistance.

What Information Do I Need to Provide? You will need:

- * Documentation of need for items (e.g., a bill or a note or prescription from a doctor or other professional or some other type of explanation)
- * Invoice(s) or receipt(s) for items purchased. (An estimate can be provided for the application, but payment will not be made to the recipient until a receipt is received by SBRN.)

Who Determines the Financial Awards? Recipients and amounts of financial assistance will be determined by SBRN based on need and funding availability.

How Do I Apply? Email info@thesbrn.org to ask for a fillable application or print these pages and submit the completed forms to SBRN.

DERA Fund Application

1. Name of recipient (person with disability): _____

2. Date of Birth: _____ **Gender:** _____

3. Name of parent or legal guardian (if applicable): _____

4. Address: _____
Street City State Zip Code

5. Phone: _____ **E-mail:** _____

6. Yearly Adjusted Gross Income (from your last federal income tax return): _____

7. Describe any other financial hardships:

8. Briefly describe your (or your child's) medical condition or disability:

9. Briefly describe the emergency/crisis situation:

10. Do we have permission to share your situation with our funders? (We will not use any names.)

____ Yes ____ No

11. TYPE OF ASSISTANCE REQUESTED: *(please provide receipts/invoices and documentation of need)*

- Adaptive or specialized equipment repair/purchase** (e.g., wheelchairs, braces, walkers, ramps, etc.)
- Medical supplies** (e.g., catheterization supplies, diapers, incontinence pads, wound care supplies, etc.)
- Medications** (prescription or over-the-counter)
- Other medical costs**
- Basic Needs** (e.g., food or other necessities)

12. Description of item(s):

13. Total Cost: _____ **Date of purchase/payment:** _____

14. Name of Vendor/Store: _____

15. Explanation of Need: _____

Please return completed applications with documentation to one of the following:

- ◆ **Email:** info@thesbrn.org
- ◆ **Mail:** Spina Bifida Resource Network
84 Park Avenue, Suite G-106
Flemington, NJ 08822

Questions? Please contact us at info@theSBRN.org