



**A** better life for those with physical disabilities.

## Procedures for Obtaining Service

### Purpose

*This fund is established for the purpose of assisting residents of the greater Dayton area with Cerebral Palsy or Orthopedic disorders to obtain the maximum level of independent functioning.*

*The fund will be applied as third party payment to help offset individual and/or family cost for equipment. **The fund will generally not be able to totally fund 100% cost of the equipment.** Each case will be evaluated for its specific needs.*

**Individual and/or family applicants for funds will be accepted after checking with other funding sources.**

- 1) Private insurance company
- 2) Local Family resource services under the Board of Mental Retardation and Developmental Disabilities
- 3) Medicaid
- 4) Medicare
- 5) B. V. R.
- 6) Private/Social Service Clubs or other sources
- 7) Ohio Department of Health Bureau for Children with Medical Handicaps

**Individual and/or family costs will be shared on a percentage basis with the following adaptive equipment.**

- 1) Appliances ex A.F.O. – braces
- 2) Support aids
- 3) Mobility aids
- 4) Augmentative communications devices
- 5) Limited repair of equipment

*(The fund will assist in paying a percentage for adaptations to basic equipment and therapeutic equipment necessary for positioning, seating and mobility.)*

### **The fund will not pay for:**

- 1) Recreation or leisure equipment (bicycles, swings, trikes, etc.) nor pay for adaptations of these items.
- 2) Equipment covered by insurance plans, Medicaid, Medicare, Bureau for Children with Mental Handicaps, Bureau of Vocational Rehabilitation, etc.
- 3) Total equipment repair.
- 4) Furniture (unless it requires special fabrication for positioning or accessibility)
- 5) Computers

### **Quotes on Equipment Purchases**

Quotes from at least three different vendors must be obtained when purchasing any equipment over \$150.00. The fund reserves the right to select the lowest bid available if it meets the needs for equipment specifications.

The Gorman – Hewitt – Ayars Memorial Fund should be the funds of last resort. All other resources must be explored first including the above mentioned funding sources. If your request is denied by Medicaid, Medicare, Family resource or private insurance, a copy of the denial letter must accompany the request for Gorman – Hewitt – Ayars funding.

### **Appeal Process**

Following the notification of denial of funding. The individual or family must within ten (10) working days submit a letter to the Gorman – Hewitt – Ayars Advisory Board. A written response will be forwarded to the individual/family within fourteen (14) days from date of receipt. The advisory board meets on a quarterly basis.

### **Guidelines for Grants**

Grants will be considered if the agency or group is a non-profit organization. The grant must benefit or assist individuals with Cerebral Palsy or Orthopedic disorders to obtain the maximum level of independent functioning.

Grants are available for Transportation, Recreation and Education needs. Applications are available at the fund office.

### **For more information, please contact:**

Gorman – Hewitt – Ayars  
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