

# Virginia Del Sordo Fund for Assistive Technology

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## Instructions

The Virginia Del Sordo Fund (the “Del Sordo Fund”), administered by the Institute on Disabilities at Temple University as part of TechOWL, formerly known as Pennsylvania’s Initiative on Assistive Technology (PIAT), provides financial assistance through small grants to Pennsylvanians with disabilities to increase their ability to acquire the assistive technology (AT) devices they need. The Del Sordo Fund is named in memory of Virginia Del Sordo who was the Assistant Director of PIAT and who made the bequest enabling this fund.

The Del Sordo Fund is considered a “last resort” option, that is, other funding sources for which the applicant is eligible, such as public (e.g. Medicaid or Medicare) or private health insurance, responsible educational entities (e.g. the public school district) or the Office of Vocational Rehabilitation must have denied full or partial coverage. Applicants may also be those who are requesting items for which third party funding is not available (e.g. AT for leisure and recreation). The Del Sordo Fund may also be used to meet deductibles or co-pays. This is a one-time only award. The maximum award is \$200.

### **To be eligible, the applicant must complete an application that includes verifications and meets requirements listed below:**

- Pennsylvania residency. Proof of residency must be provided.
- Low-income (e.g. household income 400% of federal poverty guidelines, see “Income Eligibility” below).
- Explanation of why the AT device is needed.
- If funding is requested for a “generic” device, an explanation of how the device functions as AT.
- Documentation that the applicant has borrowed the device from the Pennsylvania’s Assistive Technology Lending Library or other short-term loan program, received a

device demonstration from an AT professional (other than a vendor) with no fiduciary interest in the sale of the device, or received a written recommendation from a licensed/certified professional with knowledge of assistive technology and the applicant.

- Demonstrate that other funding sources have been applied to and approved for partial funding or rejected; if rejected, summarize the reason given by the funder. If applying for partial funding, explain how the balance of the funding will be obtained.

**With prior approval, awards may be used for:**

- Reimbursement for the purchase of pre-approved AT and/or accessories, including software / apps.
- AT device maintenance or repair (e.g. purchase of a new power chair battery).
- Handling fees or delivery costs charged by reuse programs.

**After approval, payment may be obtained by:**

- Submission of invoice from vendor/provider; check will be made out to the vendor/provider.
- Submission of proof of payment (official receipt) within 30 days of purchase.

**Income**

- Applicants enrolled in a federal or state benefit program for people who are lower income (see list) and who can show proof of such enrollment will be presumed income-eligible for the Del Sordo Fund. Additional proof of income is NOT required
- Federal Public Housing (Section 8)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medical Assistance
- National School Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

- iCanConnectPA (National Deaf-Blind Equipment Distribution Program)

OR

If the applicant is not enrolled in any of the listed public programs, proof of income that shows household income is no higher than the Income Guidelines (see chart) must be provided. Examples of proof of income are: copies of W-2 forms, 1099 forms, three consecutive months of paycheck stubs, or retirement or Veterans benefits statements.

**Household income must be below 400% of the federal poverty guidelines, as shown in the following table:**

<b>2022 Income Guidelines</b> as of January 12, 2022 (Source: US Department of Health and Human Services)	
Number of persons in household	400% of federal poverty guidelines
1	\$54,360
2	\$73,240
3	\$92,120
4	\$111,000
5	\$129,880
6	\$148,760
7	\$167,640
8	\$186,520

For purposes of determining income eligibility, “income” and “household” are defined as follows:

“Income” is all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran’s benefits, inheritances, alimony, child support payments, worker’s compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing.

“Household” is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.

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**Questions about this application should be directed to:**

Stacy Phillips, Program Coordinator—Institute on Disabilities at Temple University  
stacy.phillips@temple.edu

**215-204-3373**

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# **APPLICATION**

## **Virginia Del Sordo Fund for Assistive Technology**

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### **SECTION 1: Applicant Information**

First Name

Middle Initial

Last Name

Street Address

City

State **PA**

Zip

County

Attach a photocopy of proof of PA residency to this application (official document imprinted with applicant's name and address, e.g. utility bill).

Telephone

Choose one:      voice      TTY      VP      text only

Best time to call

Email

Age or year of birth

### **Alternate Contact**

First Name

Middle Initial

Last Name

Relationship to applicant

Street Address

City

State

Zip

Telephone

Choose one:        voice        TTY        VP        text only

How did you hear about the Del Sordo Fund?

Website

Social media

Service Provider

Friend/Family/Advocate

School

TechOWL formerly know as PIAT

Other

## **SECTION 2: Disability**

Please describe the nature of the applicant's disability/disabilities.

## **SECTION 3: Assistive Technology (AT)**

How will Del Sordo funds be used to help acquire AT?

Please list equipment you are requesting (manufacturer name, model, and cost).

If this is a "generic" device, explain how the device will be considered AT for the applicant:

This device will be used (select ONE):

At home / in the community

At school

At work

How did you select this device? (check at least one):

The device was borrowed from PA's AT Lending Library.

The device was borrowed from another short-term loan program.

Name of program

Date borrowed

A device demonstration was obtained from an AT professional (other than a vendor) with no fiduciary interest in the sale of the device.

Name of AT professional

Affiliation

A written recommendation or prescription was obtained from a licensed/certified professional.

Name of professional

Affiliation

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## **SECTION 4: Other Funding**

The Del Sordo Fund is a payer of last resort. This means that the applicant has no other funding options for the requested amount.

List agencies or organizations below to which you have previously applied for funding for this device and the outcome (e.g. denied or partially approved). If you are receiving partial funding for this device from other sources, please list the name of the source and the amount of funding you will or have received from each source, and whether it is a grant or a loan (e.g. needs to be repaid).

## **SECTION 5: Proof of Income**

Before completing this section, please review the “Income” section located in the Instructions.

### ***Presumptive Eligibility***

Applicant is enrolled in one of the following public programs. Attach proof of enrollment.

- Federal Public Housing (Section 8)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medical Assistance/ACCESS (applicants over 18 only)
- National School Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- iCanConnectPA

OR

### ***Household Income:***

If Applicant is NOT enrolled in any of the above programs, attach proof of income that shows household income is no higher than the guidelines in the chart shown in the Instructions. Examples of income proof are: copies of W-2 forms, 1099 forms, three consecutive months of paycheck stubs, or retirement or Veterans benefits statements. Contact our office if you are not sure what to send.

Number of people living in your household

(Count applicant and include spouse, and children age 17 or under. Also include children age 18-21 if they still have an Individualized Education Plan in school). For families/households with more than 8 persons, please contact our office.

Current annual household gross income

Attach proof of household income (as described above) to your application.



## **Applicant Statement and Signature**

With my signature I hereby certify that:

- I give TechOWL, formerly known as PIAT, permission to contact other parties that may have information pertinent to my application;
- The information I have provided in this application is true and accurate to the best of my knowledge;
- The proof of income or document(s) submitted represent the entire income for my household;

and

- I authorize the confidential release of income and other information I have provided, for use solely as required for the administration of the Del Sordo Fund. I understand that if I purposely provide false information I may be subjected to legal action.

Applicant Signature

Date

Parent or Guardian's signature

(if Applicant is under 18 years of age)

Date

If you are selected to receive funding, the Institute on Disabilities would like to use your story to promote this program. Therefore, we would like to know if you would share your story and allow us to photograph you for promotional/educational purposes. Your agreement is purely voluntary and will not affect your eligibility for funding.

Yes. Please send me the necessary document for my signature.

No.

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**Return the application and supporting documentation to:**

Stacy Phillips, Program Coordinator  
Institute on Disabilities at Temple University  
College of Education and Human Development  
Ritter Annex 4, Room RA 430  
1301 Cecil B. Moore Avenue  
Philadelphia, PA 19122  
Fax: 215-204-6336  
stacy.phillips@temple.edu

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***For Office Use Only:***

Review Completed by

Date

Approved:

Yes – Amount

No – Explanation