# Virginia Del Sordo Fund For Assistive Technology (AT) Information And Application

The Virginia Del Sordo Fund is administered by the Institute on Disabilities at Temple University as part of TechOWL, formerly Pennsylvania's Initiative on Assistive Technology (PIAT). Named in memory of Virginia Del Sordo, an Assistant Director of PIAT who made a bequest to offer financial assistance through small grants to Pennsylvanians with disabilities to help them acquire the assistive technology (AT) devices they need.

## THE FUND

The Del Sordo Fund is a one-time only award with maximum amount of $400. It is considered a "last resort" option. Funds can be used:

- when full or partial coverage have been denied by other sources such as:
  - public sources (e.g. Medicaid or Medicare)
  - private health insurance
  - responsible educational entities (e.g. the public school district)
  - the Office of Vocational Rehabilitation
- when third party funding is not available for items requested (e.g. AT for leisure and recreation)
- to meet deductibles or co-pays.

## Eligibility

To be eligible, this application must be completed in full and include all required verifications. Requirements are:

1. Proof of Pennsylvania residency
2. Proof of low-income (e.g. household income 400% of federal poverty guidelines)
3. Explanation of why the AT device is needed.
4. When the device is generic or non-specialized, provide an explanation of how the device functions as AT,
5. If applicable, documentation that the applicant has
   - borrowed the device from Pennsylvania's Assistive Technology Lending Library or other short-term loan program; *and/or*
   - 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.
6. 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 funding will be obtained.

## How Awards Can Be Used

After approval, awards may be used for:

- Purchasing 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.
- Reimbursement for purchases – submission of proof of payment (official receipt) within 30 days of purchase.

## Defining Income And Household

### 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 for:

- 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

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 table below) 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. Tax returns are **not** accepted as proof of income. Household income must be below 400% of the federal poverty guidelines, as shown in the following table:

**2024 Income Guidelines as of January 22, 2025**
**Source: US Department of Health and Human Services**

Number of persons in household and 400% of federal poverty guidelines:

- 1 – $62.600
- 2 –$84,600
- 3 –$106,00
- 4 –$128,600
- 5 –$150,600
- 6 –$172,600
- 7 –$194,600
- 8 –$216,600

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 payment
- 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

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?

### CONTACT:

Jennifer Lisberger—Institute on Disabilities at Temple University
ATFund@temple.edu

# APPLICATION
# Virginia Del Sordo Fund for Assistive Technology

## SECTION 1: APPLICANT INFORMATION (person needing AT)

First Name | Middle Initial | Last Name

Street Address

City | State PA | Zip | County

ATTACH/SEND PHOTOCOPY OF PROOF OF PA RESIDENCY (official document imprinted with applicant's name and address, e.g. utility bill). WITH THIS APPLICATION.

Telephone

Choose one: ☐ voice ☐ TTY ☐ VP ☐ text only Best time to contact

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 Best time to contact

How did you hear about the Del Sordo Fund?

☐ Website ☐ Friend/Family/Advocate ☐ Other
☐ Social media ☐ School
☐ Service Provider ☐ TechOWL (formerly PIAT)

## SECTION 2: DISABILITY AND ASSISTIVE TECHNOLOGY REQUEST

What is the applicant's disability/disabilities?

The device requested will be used (select ONE):

☐ at home/in the community ☐ at school ☐ at work

Please list equipment applicant is requesting with detailed information for the AT for which applicant is requesting funding:

| | | | |
|---|---|---|---|
| Name of device | | Name of device | |
| Manufacturer name/web address | | Manufacturer name/web address | |
| Model number | | Model number | |
| Price quote/cost | | Price quote/cost | |

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

☐ Purchasing 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
☐ Reimbursement for purchases

What is the total money amount applicant is requesting? _____

If a "generic" or "unspecialized" device is requested, explain how the device will be used as AT for the applicant: _____

If total cost exceeds the $400 funding limit, how does applicant intend to pay the remaining cost?

_____

How was the device selected? (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 _____
☐ Not applicable. Why? _____

Other information that may help us evaluate this application:

_____

## 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 the applicant has previously applied for funding for this AT and the outcome (e.g. denied or partially approved). If the applicant is receiving partial funding for this device from other sources, please list the name of the source and the amount of funding that will be or has been received from each source, and whether it is a grant or a loan (e.g. needs to be repaid).

Other funding source applied to for this AT:

Outcome: ☐ denied ☐ partially approved
Amount of money from this source _____
Type of fund: ☐ grant ☐ loan

Other funding source applied to for this AT:

Outcome: ☐ denied ☐ partially approved
Amount of money from this source _____
Type of fund: ☐ grant ☐ loan

## SECTION 5: PROOF OF INCOME

Before completing this section, please review the "DEFINING INCOME AND HOUSEHOLD" section located on page 2-3 in Instructions.

### Presumptive Income Eligible

If applicant is enrolled in one of the following public programs, select the one that applies and be sure to ATTACH /SEND PROOF OF ENROLLMENT.

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 table on Page 2– under Income). (Contact our office if unsure what to attach/send). Examples of income proof are:

- copies of W-2 forms 1099 forms
- 3 consecutive months of paycheck stubs
- retirement or Veterans benefits statements

Number of people living in applicant's 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

PLEASE ATTACH/SEND PROOF OF CURRENT 2024 HOUSEHOLD INCOME.

## 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 applicant's 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

OPTIONAL: If selected to receive funding, the Institute on Disabilities would like to use the applicant's story to promote this program. Therefore, we would like to know if we can share your story and allow us to photograph applicant for promotional/educational purposes. Agreement is purely voluntary and will not affect eligibility for funding.

☐ Yes. Please send the necessary document for signature.

☐ No

## APPLICATION CHECKLIST

Eligibility will be considered if applicant has provided the following:

- ☐ proof of Pennsylvania residency
- ☐ proof of low income
- ☐ proof of enrollment in qualifying programs in the case of Presumptive Eligibility
- ☐ why the AT device is needed
- ☐ how the AT (un-specialized or generic) will function
- ☐ price quote and web address of manufacturer
- ☐ total amount requested
- ☐ device was borrowed from Pennsylvania's AT Lending Library or other AT professional
- ☐ other funding sources applied to
- ☐ how balance will be paid when request amount exceeds award amount

## Return application and supporting documentation to:

Jennifer Lisberger
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
Email: ATFund@temple.edu

## FOR OFFICE USE ONLY:

Review Completed by

Approved:

Yes – Amount

No – Explanation