

SPECIAL NEEDS ASSISTANCE FUND (SNAF)

SNAF PURPOSE: To give financial support to our APPA polio survivor members who need assistance in purchasing, refurbishing, repairing or installing needed medical devices.

APPA, in partnership with **FODAC** (Friends of Disabled Adults and Children), will help ease the financial burden by using the following guidelines to make efficient use of our available funds in accomplishing this purpose.

GUIDELINES for using FODAC:

1. Any Post-Polio Survivor member with two years of uninterrupted dues payment and eligible 24 months from 1st payment can apply for up to **\$1000 per year** with a lifetime limit of **\$3000**.
2. APPA's SNAF funds will pay
 - a) One time \$25 FODAC membership fee
 - b) FODAC's cost for parts (**see attached Service Charges**), all repairs and refurbishing of devices.
 - c) A \$25 contribution to FODAC for each repair/refurbishing service
3. An item can be secured or refurbished from the FODAC facility near Stone Mountain, GA. Equipment may be secured at any of the FODAC facilities in Georgia, when available. It will be necessary to call FODAC (866-977-1204) and explore the availability of equipment* or repairs/refurbishing and installation service **appointments** for a specific devices (lifts, hand controls etc).
4. APPA will cover all expenses for APPA polio survivor members involved in using FODAC services up to the previously stated limits (#1,2).
5. If, or when, the medical device is no longer being used, it should be returned to FODAC.

*FODAC requires a detailed doctors **prescription on very costly items** (scooters, etc)

GUIDELINES – CUSTOM MEDICAL DEVICES

Do not make a purchase without preapproval. Check for approved funds will be made out to the vendor. COSTS will NOT BE REIMBURSED to any member

A Post-Polio Survivor member must be an active APPA dues paying member with two years of uninterrupted dues payment and eligible 24 months from 1st payment before submitting request. The member can apply for up to **\$1000 per year** with a lifetime limit of **\$3000**.

APPA members requiring a device with highly specific custom requirements, should consult with a medical provider and request a prescription. For other custom needs, appropriately documented price quotes **MUST** be included with the application when the request for funds is submitted for approval..

SNAF APPLICATION for CUSTOM Devices

1. Last name _____ First _____

2. DEVICE and/or SERVICE requested (be specific)

3. COST and description of for any custom MEDICAL device (**not currently available at FODAC**).

Amount requested \$ _____

Description of medical Device or equipment needed (attach any documented quotes)

Medical need verification – Doctor prescription (please attach copy)

Vendor (name, address, phone) _____

4. Approximate date needed. _____

Mail application to: PO BOX 245, Cumming, GA 30028

Questions?

Contact the SNAF committee at appasnaf2020@gmail.com