

STIPEND PROGRAM

Down Syndrome Association of Acadiana's Stipend Program is designed to assist families and individuals to enhance the lives of our members with Down syndrome. Our goal is to provide funding for as many families as possible in the following areas:

- **EDUCATION**

Yearly grants are available for assistance with educational items and events that benefit individuals with Down syndrome, such as seminars, conferences, and educational software.

Special guidelines regarding education stipends: Stipend applications for educational items must include detailed information on the item(s) to be purchased or the conference or seminar to be attended. In the case of seminars or conferences, applications and approvals must be completed in advance of the event. While the Stipend may not be used for prepayment, reimbursement upon proof of payment will be made promptly.

- **MEDICAL**

Yearly grants are available for assistance with medical services and equipment for individuals with Down syndrome, such as medical treatment, therapy, private/home care (not respite), specialty foods, and medical equipment.

Special guidelines regarding medical stipends: Stipend applications should include documentation explaining the type of treatment, care, or equipment being requested, and how it will benefit the individual with Down syndrome. Applicants may be requested to provide information to ascertain the type of insurance carried, type of payment required by the applicant, and whether the applicant is receiving funding from other sources. Music therapy is funded under the medical category, as are specialty foods such as gluten-free dietary items.

- **RECREATION**

Yearly grants are available for assistance with recreational services and equipment for individuals with Down syndrome, such as athletic activities, swimming lessons, recreational equipment and camps (does not include summer day care). Not to exceed six (6) sessions.

STIPEND APPLICATION PROCESS

Stipend funding is authorized by the Board of Directors on an annual basis. Stipend funds not utilized during any calendar year are returned to the DSAA general fund. To qualify for stipend funding, an applicant must be a current member of DSAA and reside in the State of Louisiana, demonstrate a need for the requested funds and the probable benefit to a qualified individual with Down syndrome.

Stipend applications will be reviewed quarterly by the DSAA Stipend Committee, and a maximum of \$250 may be awarded in any calendar quarter for any individual category. Special consideration will be given to those applicants who have not previously applied for or received funding during the current calendar year. Consideration will also be given to whether an applicant is receiving funding from other sources for the particular request. While Stipend funds may not be used for prepayment, reimbursement will be made promptly upon DSAA's receipt of proof of payment for pre-approved Stipends. Additionally, DSAA will not reimburse any registrations fees for any DSAA sponsored event, seminar, camp or program. Paperwork must be submitted within six (6) months.

A family may receive a maximum of \$500 in DSAA stipends per calendar year. Only one application in each area (Education, Medical, and Recreation) may be submitted annually, and once \$500 is provided, no further stipend will be available until the next year. [For example, a family may submit a Medical Stipend of \$250 for music therapy, and a Recreation Stipend for \$250 in the same year. But two Medical Stipends of \$250 in the same year will not be granted.]

For all stipend types, applications should include documentation demonstrating the benefit to an individual with Down syndrome and the item to be purchased or the activity to be funded.

DSAA is delighted to offer stipends for its members; however, stipend funding is not guaranteed from year to year. Stipend funding is limited by the DSAA budget and is subject to the action of the DSAA Board of Directors at any time. Stipend funding is intended to assist families in enhancing the lives of family members with Down syndrome. We realize we cannot meet all the funding requests of our members, but we hope we can at least make a difference.

DSAA appreciates member input on the stipend program and any recommendations concerning how it could better serve its members. If you have any questions or comments, please email the Stipend Committee at dsaa@dsaa.info and a committee member will get back to you as soon as possible.

STIPEND APPLICATION FORM

Date of Application:		
Applicant's Name:		
Applicant's Age:		
Name of Parent/Legal Guardian (if applicable):		
Mailing Address:	City/State:	Zip:
Email Address:	Cell Phone:	Home Phone:
Is your DSAA Membership current?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Category of funding:	<input type="checkbox"/> Education	<input type="checkbox"/> Medical	<input type="checkbox"/> Recreation
Specific items or services requested:			
Estimated cost/Amount of items/Services requested \$			

(Reminder: DSAA does not pay Applicants directly. If the Stipend application is approved, DSAA will reimburse the Applicant once proof of payment is submitted. Proof of payment may be submitted with this form).

Briefly explain how your request will benefit your family member with Down syndrome:	
Date by which funds are needed:	
Have you explored other resources for securing funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list these resources:	
Have you applied for a DSAA Stipend since January 1st of this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list enter the month the previous request was made:	

For Medical Services only:

Is there insurance available to the Applicant? Yes No

If yes, please explain: _____

What type of insurance is available to the Applicant? (HMO, PPO, Medicaid, etc.)

What is the out-of-pocket expense per visit or procedure? \$ _____

Upon approval, please make check payment to:

Name:

Mailing Address:

City/State:

Zip:

Signature of Applicant

Date

Visit dsaa.info to complete the membership form or return the application to

DSAA Stipend Committee | Post Office Box 81323 | Lafayette, LA 70598