The Arc’s Bates Trust Expense Fund

Royal M. Bates willed funds to be used for the benefit of residents of the City of Battle Creek with disabilities.

An applicant may qualify for consideration:

1. May require a written medical statement of need provided by clinical professional.
2. Expenditure must be approved before bill is incurred.
3. Decision is at the sole discretion of The Arc of Calhoun County.
4. Maximum per individual and/or family per year: $1,000.00 (additional amount at the sole discretion of The Arc of Calhoun County).
5. The individual benefiting must have an intellectual or developmental disability per state definition.
6. Expenditure must be made within 6 months of when it was approved.
7. Individual must live within the City of Battle Creek.
8. May be required to accept assistance from The Arc in exploring other options before accessing the fund.

Guidelines:

- Ramps for private residences
- Dentures
- Dental needs - cleanings, fillings, x-rays, extractions
- Eye glasses, replacement glasses
- Wheelchairs / walkers
- Program scholarships for disability related services
- Medical equipment repair
- Home renovation to increase accessibility
- Uninsured procedures
- Orthopedic shoes
- Communication devices / equipment
- Accessibility equipment
- Sponsorship of activities that promote inclusion for improved quality of life
- Other expenses to individuals with I/DD that presents a hardship for individual or family

For questions please call The Arc at 269.966.2575 or email at info@thearccalhoun.org.

*Applications are reviewed on a monthly basis at regularly scheduled board meeting.
Application for The Arc Bates Trust Expense Fund

APPLICANT INFORMATION:
First Name: ____________________________  Last Name: ____________________________
Date of Birth: ________________________  Age: __________  □ Male  □ Female
Address: ________________________________  City, State, Zip: ____________________________
Email: ________________________________  Cell phone: ________________________________
Home phone: ________________________________  Work phone: ________________________________

ETHNIC BACKGROUND:
___ African American  ___ Hispanic
___ Asian  ___ Native American
___ White/Non-Hispanic  Other: __________

ANNUAL HOUSEHOLD INCOME:
___ Less than $15k  ___ $15k - $25k
___ $25k - $35k  ___ $35k - $45k
___ $45k - $55k  ___ above $55k

Household Size: _________  Adults: _________  Children: _________

PARENT/GUARDIAN INFORMATION:
___ Parent  ___ Guardian
First Name: ____________________________  Last Name: ____________________________
Address: ________________________________  City, State, Zip: ____________________________
Email: ________________________________  Cell phone: ________________________________
Home phone: ________________________________  Work phone: ________________________________

Does Applicant have a diagnosis?  □ Yes  □ No
If yes, please list Applicant diagnosis: ________________________________
Description of need: ________________________________
Proposed supplier or provider and total cost: ________________________________
Amount being requested:____________________

Where else has the applicant sought assistance? Was the applicant accepted or rejected? ______________________

______________________________________________________________

Insurance Provider:________________________________________________________________________ Medicare? ___ Medicaid? ___

Primary source of income:_____________________________________________________________________

How did you hear about The Arc Bates Trust Expense Fund?: _________________________________

_____________________________________________________________________________________

I understand that false statements made on this form will disqualify me for accessing The Arc Bates Trust Expense Fund. Also, I will be required to repay amount previously paid through this fund.

Signature: __________________________________________ Date: ______________________