

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
- Wheel chairs / 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.



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*For people with intellectual
and developmental disabilities*

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 HOUSE HOLD 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: _____



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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 and amount previously paid through this fund.

Signature: _____ Date: _____