

**Ken Wonderly Memorial Fund**  
**of**  
**The Arc of Jackson County**  
*"Advocating for People with Developmental Disabilities"*

**REQUEST FOR EMERGENCY FUNDS**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of requestor (if different): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Case Manager or PA: \_\_\_\_\_ Phone: \_\_\_\_\_

Check payable to (if approved): \_\_\_\_\_

Address: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

If approved please (check one): Mail the check \_\_\_\_\_ Someone will pick up the check \_\_\_\_\_

**REMINDER! A copy of the detailed bill must be submitted with this request. If it is for rent, a letter from the landlord must be submitted. In some instances, submission of a receipt after the request is paid is acceptable.**

NATURE OF THE EMERGENCY (be specific): What other resources have been tried? What will happen if this request is denied? If the bill is more than \$300, how will the remaining balance be paid? How will this be prevented in the future? (A separate page may be attached.)

Please do not write below this line – For The Arc of Jackson County use only

Date received: \_\_\_\_\_ By whom: \_\_\_\_\_

Date considered: \_\_\_\_\_ By whom: \_\_\_\_\_

Action: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Reason: \_\_\_\_\_

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**INFORMATION**

The Arc's Ken Wonderly Memorial Fund (KWMF), established in 1991 in honor of Ken Wonderly an active supporter of The Arc, is an emergency financial assistance program designed to assist individuals who have developmental disabilities (DD) and their families in emergency situations when there is no other source of assistance available.

The KWMF helps pay for urgent needs such as rent, rental deposits, medicine, medical supplies (e.g. eyeglasses, hearing aids, and adult/children's diapers), travel for a critical medical need, electricity, phone, and car repair.

The KWMF assists families with payments up to \$300, one time per year.

All requests must be submitted by a Jackson County Developmental Disabilities Services Case Manager or a Creative Supports, Inc. Personal Agent (beginning July 1<sup>st</sup>, 2009) on behalf of the individual or family of the individual in need. This assures us that the person/family member does have a developmental disability.

Case Managers/Personal Agents must determine the individuals/families request is a true emergency, establish that the individual/family has accessed all other possible funding alternatives, identify possible outcomes if The Arc is unable to assist, and explain how the individual/family plans to prevent themselves from being in a similar situation at a later date. Bills, or letters from landlords, must be submitted with the request. In some instances, receipts can be turned in after the request has been paid.

Once the request is submitted it must be approved by a KWMF Committee Member. If approved, the check will be printed and signed by two people. This can sometimes take up to three days.

Payments are paid directly to the service provider. Service providers in the past have included Avista Utilities, Suburban Propane, Pacific Power, Qwest, landlords, property management companies, local motels, and auto repair shops.

If you have any questions about the KWMF, please contact Trish at [trishapelzel@thearcjackson.org](mailto:trishapelzel@thearcjackson.org) or 779-4520.