



# SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND

## OFFICIAL POSTING *SBAGNE* EMPOWERMENT BENEFIT 2022

### Who Qualifies?

The Empowerment Benefit Grant is available to any member of the Spina Bifida Association of Greater New England (“*SBAGNE*”) with spina bifida.

### How much is the benefit?

- The amount, available number and qualifications for the calendar year are to be determined by *SBAGNE*'s Board of Directors at the Annual Meeting of the prior year. The benefits will be determined by the Board of Directors based on the proposed budget for each calendar year and will be determined by the financial situation of *SBAGNE*. The benefits as determined by the Board of Directors shall be reflected in the Annual Empowerment Application revised for each calendar year.
- Because benefits are available to each youth or member with spina bifida, a family with more than one youth or member with spina bifida may apply for one grant for each member with spina bifida.
- *SBAGNE* reserves the right to revise this policy annually in accordance with its changing financial position.

For a copy of the **OFFICIAL POSTING** and/or **APPLICATION** log onto  
[www.sbaGreaterNE.org](http://www.sbaGreaterNE.org).

For **Questions** email Jean Bertschmann at [jbertschmann@sbagreaterne.org](mailto:jbertschmann@sbagreaterne.org) or call the office at 1-888-479-1900.

### What Kinds of Expenses Qualify?

The benefit shall be used to reimburse for adaptive equipment; camp, adaptive sports, and recreation equipment; urological supplies for individuals over the age of 3; durable medical equipment and assistive technology.

### When Should I Apply for Benefits?

Applications will be reviewed on a monthly basis. **The 2022 program will be available to constituents until all funds are depleted.**

### **Distribution of Benefits:**

Our goal is to allow each approved applicant to receive a benefit award. For 2022, each individual may apply for a maximum annual benefit award of \$250. The award may be distributed in smaller amounts over the course of the year, if needed, up to a maximum of \$250.

Emergency situations may be considered at the discretion of the **SBAGNE** Board of Directors. Please contact Jean Bertschmann for additional information.

### **How do I Apply for Benefits?**

**The applicant must do the following *or the application will not be approved:***

1. If you are not already a member of **SBAGNE**, please follow this link to complete a membership form: <https://sbagreaterne.org/news-events/become-a-member/>
2. 

**There is no cost to become a SBAGNE member.**
3. Complete an official **SBAGNE** Benefits application:  
<https://sbagreaterne.org/empowerment-benefit-program/>
4. Provide a statement of disability from physician, including address and telephone number of physician. If you have provided this information in previous years **SBAGNE** has it on file and it is not required. *A detailed medical history is not needed.*
5. Provide **proof of eligible expenses:**
  - a. The applicant provides, *in advance of receipt of item or service*, a bill for an eligible expense that you want paid by your benefit. Once these receipts are received and approved, **SBAGNE** will write a check directly to the third party for the expense.
  - b. If the applicant is applying for reimbursement for out of pocket allowable expenses, all receipts must be submitted with the application.

**SBAGNE prefers to pay third party vendors directly. The individual/family will be provided with a copy of the payment.**

### **SBAGNE Action:**

- A. Upon receipt, the Executive Director will:
  - i. Review the application in accordance with the current guidelines;
  - ii. If incomplete, ED will send out letter to the applicant and wait for further response to complete the application.
- B. In accordance with an approved application, the Executive Director will:
  - i. Send the direct payment to the provider with a copy of the correspondence to the person/parent.
  - ii. If the application is denied, a letter with specific reasons must be mailed to the applicant within 5 working days. The applicant may resubmit a compliance application.
  - iii. If reimbursement is sought, will send a check to the member.
- C. **SBAGNE** does not exclude anyone from our New England area from applying for benefits unless the applicant does not have spina bifida.