



The purpose of this grant is to offer financial assistance to Sioux Falls Fireworks (SFF) athletes requiring one-on-one care provided by someone other than a SFF volunteer chaperone for overnight tournaments. After reviewing the guidelines below, please complete the attached application if you feel you qualify. A thorough review of the information will be completed by two designated SFF grant committee members and the SFF Committee Chairperson.

Qualifications for One-on-One Assistance

- **Medical:** Covers any caregiver techniques requiring extra training to administer in a safe manner.
- **Behavioral:** Any behavior that does not follow or respect the Athlete Code of Conduct.
- **Safety:** The inability to understand and/or follow through with basic instructions or transitions. For example, needing one-on-one assistance to remain at, or to find, a specific location.
- **Personal care:** For the well-being of athletes and volunteers, SFF does not provide assistance with personal care actions.

Financial Assistance Grant Guidelines

- Athletes must apply for the Financial Assistance Grant to be considered.
- The grant is limited to athletes requiring one-on-one assistance at out of town tournaments requiring an overnight stay.
- Approvals are good for up to 12 months.*
- A maximum of \$300.00 per athlete per day will be reimbursed.
- The athlete is responsible for providing SFF a copy of the invoice from all tournaments within the approval period (15 days).
- SFF does not assume responsibility for late invoices.
- Any remaining balance of payment is not of any obligation to SFF.

In order to process this application, we require:

- The enclosed application completed in its entirety.**
- A copy of the last two pay stubs from the applicant for any wages earned contributing to income.
- A copy of the Supplemental Security Income (SSI) or disability benefit statement.

These requirements must be received by the deadline determined for each sporting season.

Return completed applications to:

Special Olympics South Dakota-Sioux Falls Fireworks
PO Box 90127
Sioux Falls, SD 57109-0127

**SFF reserves the right to require an athlete to provide financial proof of need at any time within the approved 12-month period.*

***Incomplete applications will not be accepted and will be returned to the athlete. This may delay review and approval before the next sport. The corrected, completed application must be received by the deadline determined for each sporting season.*

Who has mandated the requirement of one-on-one care for the athlete (select one)?

- Sioux Falls Fireworks**
- Parent/Legal Guardian** *(Please explain below)*
- Group Home** *(Please explain below)*
- Other** *(Please explain below)*

Explanation: _____

Please complete all applicable areas of the application.

Athlete Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Case Manager Name: _____

Case Manager Phone Number: (_____) _____

Group Home Information:

Group Home (if applicable): _____

Group Home Supervisor: _____

Supervisor Phone: (_____) _____ Supervisor Email: _____

Parent/Legal Guardian Information:

Name: _____

Relationship: _____ Parent _____ Legal Guardian

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

****See reverse side***

Acknowledgements

I understand the following:

- SFF is not responsible for late payments to the payee. _____ *Athlete or Parent/Guardian Initials*
- SFF will submit reimbursement directly to the payee upon receipt of the billing statement, within 15 business days.
_____ *Athlete or Parent/Guardian Initials*
- SFF will reimburse up to the maximum amount per day. Any remaining balance is not the obligation of SFF.
_____ *Athlete or Parent/Guardian Initials*

Signatures

Athlete _____ Date _____

or

Parent/Legal Guardian _____ Date _____

or

Other Authorized Signor* _____ Date _____

*Print Name _____ *Relationship _____

Official SFF Authorized Personnel Use only

Approved _____ *Approved Amount \$* _____ *Date* _____

Denied _____ *Denial Reason* _____ *Date* _____

Spoke with Athlete/Parent/Guardian _____ *Initials* _____ *Date* _____

Please complete all areas of the Financial Qualification information.

Athlete Name: _____

Monthly Income/Supplemental Income*

Monthly Expenses*

Employment Wages \$ _____

Rent \$ _____

Social Security \$ _____

Heat \$ _____

Rental Assistance \$ _____

Electric \$ _____

Retirement \$ _____

Water \$ _____

Veteran's Benefits \$ _____

Phone \$ _____

Unemployment \$ _____

Cable \$ _____

Worker's Comp \$ _____

Transportation \$ _____

Food Stamps/EBT \$ _____

Food \$ _____

Other** \$ _____

Life Insurance \$ _____

**Please specify _____

Health Insurance \$ _____

Athlete total income*: \$ _____

Medications \$ _____

Do you currently utilize or qualify for any of the following services? (Check all that apply)

Loan Payment \$ _____

Medicaid

Other** \$ _____

Food Stamps

**Please specify _____

Rental Assistance (State or Federal Rental Assistance Program)

Athlete total expenses*: \$ _____

Free or Reduced Lunch Program

***Additional financial information may be required if deemed necessary.**

I certify that the information provided above is complete and accurate.

Signatures

Athlete _____ Date _____

or
Parent/Legal Guardian _____ Date _____

or
Other Authorized Signor* _____ Date _____

*Print Name _____ *Relationship _____

**This required information will not be shared outside of the designated SFF Financial Assistance Grant program members and the SFF Committee Chairperson.*