

Greater Rochester Spina Bifida Association

Non-Reimbursable Medical Equipment Fund

The purpose of this program is to help offset expenses incurred by individuals with Spina Bifida or their families. Only expenses RELATED to Spina Bifida for the year 2024 are eligible. Complete applications must be postmarked by June 1st. Funds will be allocated in Summer.

Guidelines

The fund only covers expenses directly related to the diagnosis of Spina Bifida that have not already been paid by insurance companies, state aid or are not eligible for repayment by insurance or state aid.

Copies of itemized receipts and insurance allowance and or denial statements must accompany the application. Submit to your insurer prior to submitting receipts to GRSBA.

All applications MUST be **mailed** (details included on application).

All information is considered confidential and will be sealed and stored after funding decisions are made.

- Grants are subject to availability of funding.

Examples of items covered

Orthopedic equipment such as braces, walkers, wheelchairs, crutches

Urinary and bowel management supplies such as catheters, drainage bags, lubricant, materials used for bowel cleanouts. Also, cleansing wipes, diapers, pads for individuals greater than 2 years old.

Gloves

Home (grab bars, shower chairs) and vehicle modifications

Adapted recreation equipment

- Other expenses not mentioned pertaining directly to having Spina Bifida that are not covered by insurance.

- **[For further assistance, text 585-355-3228](text:585-355-3228) or email kragone01@gmail.com**

