



ARIZONA FUNERAL DIRECTORS ASSOCIATION

## **FOUNDATION FOR CHILDREN**

### **CRITERIA FOR REQUESTS FROM ARIZONA FUNERAL DIRECTORS ASSOCIATION FOUNDATION FOR CHILDREN**

Do you know of a child in need? Funds are available to help underprivileged children with specific health care needs. The Foundation for Children School Nurse fund was founded by the Arizona Funeral Directors Association to provide a means for school nurses to fill a need they saw for underprivileged children with a specific health problem at their schools.

Funds are available to help with children's specific health care needs only. The criteria for determining if a request qualifies are as follows:

1. Only medical treatment or health care needs for underprivileged children will be considered.
2. In general, requests for funding must be made prior to the actual physician visit, performance of medical tests, examinations or medical treatment. Reimbursements after the fact are not generally made, but may be considered by the Board in emergency situations.
3. Specific items to aid in eyesight and hearing such as eyeglasses and hearing aids will be considered. Some of these requests may be referred to the Medical Home Project.
4. Emergency medications (one time request only) may be granted; on going medications are not funded.
5. Requests for clothing, bedding or household items are not funded.
6. Requests for more than \$250 for medical treatments, test or medical devices will go to the Board of Directors of the Arizona Funeral Directors Association, Foundation for Children for review and approval. Please supply as much information as possible as further questions may be asked by the Board if in doubt.

For more information, please contact Mary Freeland, RN, at 623-694-8558 or e-mail: [sklrnmary@aol.com](mailto:sklrnmary@aol.com).

All School Nurse Request forms must be made on the form which can be found on the AFDA website under the Foundation....[www.azfda.org](http://www.azfda.org). A copy is attached.

School Nurse Forms must be faxed to: 623-979-2775 or mailed to AFDA Foundation for Children, 2753 E. Broadway, Suite 101-414, Mesa, AZ 85204.

## **PROCEDURE FOR REQUESTING SCHOOL NURSE FUNDS**

### **REQUESTING FUNDS:**

All school nurse requests must be made on the form which can be found on the AFDA website under the Foundation page....[www.azfda.org](http://www.azfda.org). Please answer all questions as much as possible. Provide any main physician documentation if available.

The School Nurse Fund Coordinator will be the point of contact for questions and phone inquiries. Mary Freeland – 623-694-8558.

### **REVIEW AND APPROVALS OR DENIAL:**

The School Nurse Fund Coordinator will acknowledge to the requesting school nurse receipt of the form, its denial or approval or if it will need to go to the board for approval as soon as determination is made. Suggestions for alternate sources of fulfillment may be given.

Requests under \$250 that are approved will be funded as soon as possible from the funds made available to the School Nurse Coordinator. All requests are given careful consideration and scrutiny to determine critical need. Some may be denied.

Requests over \$250 will be reviewed by the Board of the AFDA Foundation for Children at the next monthly meeting held the second Thursday of the month. The decision of the Board is final.

Approved requests of over \$250 will require documentation of who the check should be made out to, address, and back up statements for payments.

Denial of a request will be communicated by the School Nurse Coordinator by phone or letter.

### **DISBURSMENT:**

A check will be cut within five-seven business days of the approval and sent to the requesting school nurse who will in turn present it to the appropriate organization. Checks will **not** be made out to the child or parent. A cover letter should be included with the check.

The School Nurse Coordinator will follow up with the nurse to be sure the check was received.

### **PUBLIC RELATIONS OPPORTUNITIES:**

If it is determined that a public relations opportunity can be made, the Coordinator and Foundation for Children will work together to coordinate these activities such as obtaining permission from the school, parents and other persons involved.

The purpose of the public relations is to help the Foundation gain recognition in the community so that more school nurses can become aware of the funds available and to help AFDA's Foundation for Children with their fund raising efforts. The more funds we have available, the more children we can help.

AFDA Foundation for Children will notify funeral homes in the area of the school for potential public relations activities, opportunities to make personal presentations, media coverage, etc.

### **FUND RAISING EVENTS**

School Nurses are invited to participate in any of the AFDA fund raising events. Yearly events include: Golf Tournament in April; Turkey Walk in November, occasionally Bowling Tournaments, and other events are planned. The School Nurse can be very helpful in promoting these events to the School Nurses Association and others.

### **THANK YOU FROM RECIPIENTS**

A thank you letter or card from the receiving child or parent would be greatly appreciated. We use some of these in presentations for fund raising activities.



ARIZONA FUNERAL DIRECTORS ASSOCIATION

Arizona Funeral Directors Association  
Foundation For Children  
School Nurse Request Fund Form  
Mary Freeland, RN - Coordinator  
623-694-8558 cell - 623-979-2775 fax  
email: sklrmmary@aol.com

**PLEASE PRINT OR TYPE FORM – MUST BE FILLED OUT COMPLETELY, IF NOT THIS MAY DELAY YOUR REQUEST.**

\*Requests over \$250.00 will be reviewed by AFDA Board of Directors, which meets on the 2<sup>nd</sup> Thursday of every month.

Date: \_\_\_\_\_ School Nurse Name: \_\_\_\_\_  
District: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ City, \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Item Requested: \_\_\_\_\_

Rational for need/intervention: \_\_\_\_\_

What prior funding resources have been considered: \_\_\_\_\_

What assistance can the parents provide? \_\_\_\_\_

Cost:\$ \_\_\_\_\_ Documentation Attached: \_\_\_\_\_ Documentation to follow \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address of payee: \_\_\_\_\_

City \_\_\_\_\_ ST, \_\_\_\_\_ Zip \_\_\_\_\_

Nurses Signature: \_\_\_\_\_ Principal signature: \_\_\_\_\_

I give permission for my child to be photographed and/or video taped for the purpose of fundraising/promoting AZ Funeral Directors Association, Foundation For Children.

Parents Signature: \_\_\_\_\_

**For Office Use Only**

Request Approved: \_\_\_\_\_ Check # \_\_\_\_\_ Pd to: \_\_\_\_\_

Request Denied: \_\_\_\_\_ Reason: \_\_\_\_\_