United Needs & Abilities, Inc.

COSTANZA FUND

Program Overview: United Needs & Abilities (UNA) Costanza Fund provides financial assistance to individuals and families who need services, equipment, supplies, medications, or other supports that are not covered by insurance, government programs, or other funding sources.

Purpose: The purpose of the Costanza Fund is to help address unique and individualized needs related to a documented disability. We recognize that not every person with a disability has the same needs, and this fund was established to provide support when traditional resources are unavailable. Funding is intended to improve quality of life, increase independence, promote health and well-being, and help individuals access resources necessary to achieve their personal goals.

Eligibility Requirements

To be eligible for assistance through the Costanza Fund, applicants must:

- Have a verifiable, documented disability.
- Demonstrate a need for services, equipment, supplies, medications, or supports that are not covered by:
  - Private insurance
  - Medicaid or Medicare
  - State or government agencies
  - Other funding sources
  - Personal financial resources
- Reside in one of Maryland's nine Eastern Shore counties:
  - Caroline County
  - Cecil County
  - Dorchester County
  - Kent County
  - Queen Anne's County
  - Somerset County
  - Talbot County
  - Wicomico County
  - Worcester County

Applicants may be required to provide documentation supporting their request, including estimates, invoices, medical recommendations, or proof that other funding sources have been explored. This fund does not support rental costs, utility bills and/or personal expenses. Examples of covered expenses are adaptive equipment, assistive technology, camp, certain medical expenses etc.

How the Process Works

Step 1: Submit an Application

Applicants complete and submit the Costanza Fund Application along with required supporting documentation.

Step 2: Application Review

UNA has a committee that will review each application to determine eligibility & availability of funds.

Step 3: Follow-Up Contact

A UNA employee may contact the applicant, family member, guardian, or representative to:

- Discuss the request in greater detail.
- Clarify any missing information.
- Explore the most effective way to meet the identified need.
- Determine whether alternative resources may be available.

Step 4: Resource Exploration

- Before funding is awarded, UNA may assist applicants in identifying and accessing other available community, state, or federal resources that may help address the request.

Step 5: Funding Determination

Applications are reviewed based on:

- Demonstrated need
- Availability of funding
- Impact on the individual's quality of life and independence
- Lack of alternative funding sources

Funding decisions are made on a case-by-case basis and are subject to available funds as well as other factors.

Important Information

Submission of an application does not guarantee funding. Assistance is dependent upon available resources and program guidelines. UNA reserves the right to request additional information and determine the most appropriate use of funds to support an applicant's needs.

For questions regarding the Costanza Fund, please contact Whitney Tilghman, Associate Director at United Needs & Abilities at 410-543-0665 x 115 or CostanzaFund@una1.org.

COSTANZA FUND CASH ASSISTANCE APPLICATION

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Eligibility Requirements

To be considered for assistance through the Costanza Fund, applicants must:

☐ Have a verifiable, documented disability.
☐ Reside in one of Maryland's nine Eastern Shore counties.
☐ Demonstrate a disability-related need that is not covered by:
Private Insurance
Medicaid or Medicare
State or Government Agencies
Other Funding Sources
Personal Financial Resources
☐ Submit all required application materials and supporting documentation.

Requested Assistance

Please describe the item, service, equipment, medication, or support being requested:

_____

_____

_____

Amount Requested: $_____

Date Funds Are Needed: ____ / ____ / _____

Vendor/Provider Name: _____

Vendor Contact Information: _____

_____

_____

How Will This Request Help?

Please explain how this request will improve your quality of life, independence, health, safety, employment, education, or community participation.

Financial Information

Household Income

☐ Under $25,000
☐ $25,000 – $49,999
☐ $50,000 – $74,999
☐ $75,000 – $99,999
☐ $100,000+

Employment Status of applicant

☐ Employed Full-Time
☐ Employed Part-Time
☐ Unemployed
☐ Student
☐ Retired
☐ Other: _____

Other Funding Sources

Have you explored other funding options for this request?

☐ Yes ☐ No

If yes, please list:

Were you denied funding or coverage?

☐ Yes ☐ No

If yes, please explain:

Required Documentation Checklist

Please attach the following:
☐ Completed Application
☐ Documentation of Disability
☐ Cost Estimate, Invoice, Quote, or Fee Schedule
☐ Vendor/Provider Information
☐ Documentation showing insurance or other funding denial (if applicable)
☐ Supporting Medical Recommendation or Letter of Need (if applicable)
☐ Any additional documentation supporting the request

Incomplete applications may delay the review process.

Applicant Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that submission of this application does not guarantee funding and that UNA may request additional information during the review process.

Applicant Signature: _____

Date: ____ / ____ / _____

If applicant is under 18 or has a legal guardian:

Parent/Guardian Name: _____

Signature: _____

Date: ____ / ____ / _____

For UNA Use Only

Date Application Received: _____
Application Reviewed By: _____
Eligibility Verified: ☐ Yes ☐ No
Additional Information Requested: ☐ Yes ☐ No
Funding Approved: ☐ Yes ☐ No
Amount Approved: $_____
Other Funding Sources referred: _____

Comments:

Reviewer Signature: _____
Date Approved: ____ / ____ / _____

Application Review Process

1. Submit the completed application and required documentation.
2. UNA committee will review the application for eligibility and completeness.
3. Someone from UNA may contact the applicant or representative to discuss the request and gather additional information.
4. UNA will explore other available resources and funding opportunities when appropriate.
5. Applications are reviewed based on demonstrated need, impact on quality of life, and availability of funds.
6. Applicants will be notified of the funding decision once the review process is complete