



## CRITERIA FOR REQUESTS FROM AFCCA 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, Cemetery & Cremation Association (formerly 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, Cemetery & Cremation 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, 623-694-8558; fax: 623-915-8403 or email: [nurse@azfoundationforchildren.org](mailto:nurse@azfoundationforchildren.org)

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

School Nurse Forms must be faxed to: 623-915-8403 or mailed to  
AFCCA Foundation for Children,  
1418 N. Scottsdale Rd. PMB 541  
Scottsdale, AZ 85257.



## PROCEDURE FOR REQUESTING SCHOOL NURSE FUNDS

### REQUESTING FUNDS:

All school nurse requests must be made on the attached form, which can also be found on our website at [www.azfoundationforchildren.org](http://www.azfoundationforchildren.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 AFCCA 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 AFCCA's Foundation for Children with their fund raising efforts. The more funds we have available, the more children we can help.

AFCCA 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 AFCCA fund raising events. Yearly events include: Golf Tournament in April; Poker Tournament in June, Fall Dinner and Auction, 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 CEMETERY AND CREMATION ASSOCIATION  
**FOUNDATION**  
 for Children

SCHOOL NURSE REQUEST FUND FORM

Mary Freeland - Coordinator Phone: 623-694-8558 • Fax: 623-915-8403 • Email: nurse@azfoundationforchildren.org

**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 AFCCA Board of Directors, which meets on the 2nd Thursday of every month.

School Nurse Name:		Request Date:
School:	School District:	
Address:		
City:	State:	ZIP:
Phone:	Fax:	E-Mail:

Student Name:	Age:
Assistance/Items Requested:	
Rationale for Need/Intervention:	
What prior funding has been explored/considered obtained?	What financial assistance can the parents provide?

Amount Requested/ Cost of Medical need:	<input type="checkbox"/> Documentation attached <input type="checkbox"/> Documentation to follow	
Provider/Make Check Payable to:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	E-Mail:

X \_\_\_\_\_  
 School Nurse Signature

X \_\_\_\_\_  
 School Principal Signature

I give permission for my child to be photographed and/or videotaped for the purpose of fundraising/promoting AZ Funeral, Cemetery & Cremation Association Foundation For Children.

X \_\_\_\_\_  
 Parent/Guardian Signature

**FOR OFFICE USE ONLY**

REQUEST: <input type="checkbox"/> Approved      Check #: _____ <input type="checkbox"/> Denied	REASON FOR DENIAL:
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