

FRIENDS OF PUBLIC HEALTH  
SPECIAL NEEDS FUND

Grant Application (page 1)

**Applicant information**

Organization Name: Community Action Organization

Address: 1001 SW Baseline, Hillsboro, OR 97123

Executive Director: Jerralynn Ness

Telephone: 503-693-3230

Purpose of Organization: In partnership with the community, Community Action Organization's mission is to assist low-income people to achieve self-determination.

Number of Employees: 215

Number of clients served annually: 25,989 individuals (unduplicated)

**Contact information**

Contact person: Pamela White

Telephone: 503-693-3230

Title: Grant Coordinator

Fax: 503-648-4175

E-mail: pwhite@caowash.org

**Budget**

Annual operating budget of entire organization: 11.5 million

Primary funding sources: (At this time) Federal, State & Local Government, United Way, Meyers Trust

Fiscal year (mo./day): July 1 – June 30

Division/unit annual budget: Homeless Shelter Budget:

Amount requested for Special Needs Fund: \$5000.00

**One sentence summary** In 35 words or less, summarize the specific goals of this grant:

This grant will be used to provide medical needs for families residing in Washington County Homeless shelters therefore reducing the drain on the each organization's operating budget and eliminating the use of staff's personal resources.

**Authorized signature**

This application is to be signed by the individual with agency authority to accept and administer the Special Needs Fund. The grant period is January – December 2003.

"I confirm the information contained in this application is accurate to the best of my knowledge. I insure that the recipients of a grant will follow the Guidelines for Special Needs Funds as published by *Friends of Public Health* in its grant application. I will submit an interim report by July 10, 2003 and a final report by January 10, 2004."

Authorized individual: RENEE BRUCE Title: Family + Community Resources Director

Signature: Renee Bruce Date: 9/16/02

# FRIENDS OF PUBLIC HEALTH

## SPECIAL NEEDS FUND (page 3)

### Grant Application (page 2)

Briefly and specifically answer the following 7 questions. Please keep your answers short (suggested maximum is 250 words per answer, about half a page).

#### **1. Population served**

*Describe the population served by your organization, including diverse communities in your service area.*

In past years Community Action has served a slightly higher percentage of males than females. Half of the total population served has been Caucasian, with the remaining half of the total population being 2/3 Hispanic and 1/3 various racial/ethnic backgrounds including Asian, African American, African, Russian and American Indian with 40% of our clients being adults and 60% children.

#### **2. Goals and objectives**

*Within the population served by your organization, describe the clients you will serve with a Special Needs Fund grant. Describe how this fund will provide something no other resource can provide for these clients. List other resources you have explored.*

The Community Action Family Shelter Home, established in 1975, and now located in the historic Shute house at 12<sup>th</sup> and Washington in Hillsboro, offers emergency housing of for up to five weeks and related support services for up to 2-years for families with children. Last year, 74 families consisting of 290 individuals benefited from the refuge offered by the shelter. About sixty percent those served in our shelter were children under 18 and half of those were under six years old.

Families who come to our shelter are usually there because of economic crisis in their lives. Quite often they have no insurance and no extra income. Often one or more members of the family does not qualify for the Oregon Health Plan and in many cases even over-the-counter allergy or cold medicine is beyond their financial reach. Consequently, there is no resource except the operating budget of the shelter or the personal resources of a staff member.

Occasionally, when there is money available from the Community Action Emergency Needs Fund, our families can use these resources. Otherwise, our shelter staff somehow manages to cover those needs. Until now, we have never asked specifically for emergency medical needs funds for the shelter from any other source.

Our potential partners serve families who are homeless or in danger of becoming homeless, including those in economic crisis and victims of domestic violence. Their demographics can be provided upon request.

#### **3. Insurance screening**

*What process do you use to screen for private insurance, the Oregon Health Plan, FPEP, WIC, etc.?*

When a family arrives at our shelter we collect all relevant information about their situation including their current insurance coverage. Because these families are in crisis at every level, they are usually willing to share honestly about the resources they have available. Often, these families have no current insurance benefits so family advocates work with clients to help them access all possible options, including the Oregon Health Plan. Whatever the circumstances we help them to access the programs they have or qualify for.

FRIENDS OF PUBLIC HEALTH

SPECIAL NEEDS FUND (page 3)

**4. Budget plan**

*List types of items and services you foresee purchasing for your clients with a Special Needs Fund, and list their corresponding costs.*

Prescriptions including but not limited to antibiotics, diabetic supplies, anti-depression and treatment for attention deficit.....\$1,750

Emergency or regular medical treatment including but not limited to contagious diseases, accidents resulting in harm to bones or muscles, anxiety attacks, emergency situations involving heart, lungs or other vital organs, and diabetic reactions.....\$1,750

Treatment of lice for families residing in Washington County Shelters .....\$1,500

---

**TOTAL** **\$5,000**

**5. Funding process**

*Describe how you will administer a Special Needs Fund. Detail the process by which your organization will record each request from a public health professional, make a decision regarding that request and promptly issue a check or voucher.*

The Special Needs Fund will be available through the Shelter manager or her designee. For medication, it will require that the resident show the doctor's written prescription or show visible symptoms that emergency care is warranted. In the case of purchasing a prescription the shelter manager or her designee will grant the request by providing a voucher for the pre-determined amount of the purchase to a local pharmacy with which we have an account already set up. In the past we have paid as little as \$10.00 for a co-payment when the family was insured and as much as \$125.00 when they were not.

Should a shelter resident have need of emergency medical or dental treatment, the shelter manager or the designee will assess the situation with the help, if necessary, of a triage nurse at Tuality Hospital. Should the shelter manager determine that emergency care is needed, a voucher (designed in agreement with specific providers) will be given. The resident will then proceed to care and the provider will bill Community Action for the agreed amount. In the past we have paid as little as ten dollars for a co-payment and as much as \$250.00 for treatment of an uninsured resident.

Another problem we would like to provide treatment for is the removal of head lice. If a child has head lice they are not allowed to be in school. The process for payment of head-lice treatment would be similar to prescription drugs. It would need to be diagnosed by the school nurse or local physician, vouchers issued and treatment sought. In the past we have paid between \$100.00 and \$800.00 to treat a whole family.

In the case of our partner programs we would require that they set up the same system as we have with one person making the decisions. They would then send that request on to our shelter manager for approval.

Because the various shelter environments are fairly intimate, the shelter will offer a simple form with the date, the client's name and the nature of the need. The manager will then record the information in a simple log designed for keeping track of the 1) request made 2) cost of request 3) requests granted/rejected 4) Type of voucher offered 5) Notes on the nature of the request.

## FRIENDS OF PUBLIC HEALTH

### SPECIAL NEEDS FUND (page 3)

#### **6. Partnerships and collaborations**

*Preference will be given to collaborative efforts within local areas of service. If your application involves a partnership or collaboration with another organization, briefly describe who is involved and how the entities will work together. Specify who will be responsible for each administrative component.*

We are involved with Adult and Family Services, HopeSpring, the Sheltering Homeless Coalition, Domestic Violence Resource Center and Good Neighbor Center in offering comprehensive services to those who find themselves homeless or in danger of being homeless. Should Community Action receive this grant we will offer the above organizations the opportunity to utilize this money. We would require that they be willing to set up the same system that we have suggested above with the second step of having the request granted by our manager or her designee. Community Action would act as the fiscal agent.

#### **7. Evaluation**

*Describe how you will evaluate and report the impact of a Special Needs Fund.*

We will evaluate the impact of the Special Needs Fund by determining how many people's needs were met and how much it cost to do so. Thus we will have some idea of how much operating and staff resources are being saved as a result of this fund.