



Spina Bifida-Kansas City (SBKC) maintains funds for Financial Assistance through fundraising and donations. In order to apply for Financial Assistance the individual or family must be members of SBKC. For more information about membership visit [sbkc.org](http://sbkc.org) or email [info@sbkc.org](mailto:info@sbkc.org).

Category: **Mobility Equipment** Maximum Funding Per Person/Per Year: **\$600**  
Covered equipment consists of wheelchairs, walkers, standers, crutches, etc. Additional items will be considered at the discretion of the SBKC Board. All applications for Mobility Equipment must be submitted with an Explanation of Benefits from your insurance company if applicable. If insurance is not available, the application must contain a doctors prescription/letter of medical necessity.

Category: **Orthotics** Maximum Funding Per Person/Per Year: **\$600**  
Covered equipment consists of orthotics (braces) for legs, scoliosis and/or helmets. Additional items will be considered at the discretion of the SBKC Board. All applications for Orthotics must be submitted with an Explanation of Benefits from your insurance company if applicable. If not insurance is available the application must contain an doctors prescription/letter of medical necessity.

Category: **Therapy** Maximum Funding Per Person/Per Year: **\$600**  
Covered therapy consists of: Physical Therapy, Occupational Therapy, Speech Therapy, Aquatic Therapy, Hippotherapy (on horses), Massage Therapy and Feeding Therapy. Additional items will be considered at the discretion of the SBKC Board. All applications for Therapy must be submitted with an Explanation of Benefits from your insurance company if applicable. If insurance is not available the application must contain a doctors prescription/letter of medical necessity.

Category: **Disposable Medical Supplies** Maximum Funding Per Person/Per Year: **\$600**  
Covered disposable medical supplies consists of: diapers (**for individuals over age 3 only**), Pull-Ups, incontinence pads, G-Tube supplies, trach supplies, ostomy supplies, specialized feeding supplies. Additional items will be considered at the discretion of the SBKC Board. An itemized result, detailing the item(s) purchased is required. **Receipts for Disposable Medical Supplies may be submitted once per quarter.**

- An individual may receive **up to \$1800 per calendar year from the categories above.**
- All applications must be submitted with an Explanation of Benefits from your insurance company for all categories, with the exception of Disposable Medical Supplies. If insurance is not available the application must contain a doctors prescription/letter of medical necessity.

**Please allow 6-8 weeks for the processing of your application.**

SBKC reserves the right to approve or deny any Financial Assistance application. A yearly budget for Financial Assistance is established every year based on available funds. Once the budgeted amount is granted, no other funds will be granted for the calendar year.