



Guidelines for Outreach Fund Request

Any AIP Member in good standing may request assistance for an individual that meets the following requirements:

- The individual must be age 60 or over;
- The income of the individual receiving the assistance is below the federal poverty guidelines, which can be found at <http://aspe.hhs.gov/POVERTY/09poverty.shtml>. If the individual's income is above the federal poverty guidelines, they may be asked to contribute financially to fulfill the request; and
- Due to liability issues, requests for roof repairs cannot be fulfilled.

Upon receiving a request for outreach funds, SCAIP will adhere to the following procedures to ensure a timely response:

- The Chair/Vice Chair will send the request to the members of the Outreach Committee and the Executive Board by email for a yes/no vote.
- After 24 hours, votes will be counted.
- If further discussion is necessary, the Executive Board will convene a conference call. The AIP member requesting the donation will be included on this call, and an immediate decision will be made.
- If the request is approved, the Board will send it to the Treasurer for disbursement of funds. The AIP member requesting the donation will be responsible for coordinating the response with the individual, the service provider, and the Treasurer.
- The entire request process will take no more than 48 hours to complete.

Please email all requests to:

Outreach Committee Chairman:

Annelle Orr
843-513-2096
asorr@rescare.com

Outreach Committee Vice-Chairman:

Elisa Mundis
843-953-9539
elisa@charlestonhalos.org



Request for Outreach Assistance

Name of SCAIP member: _____ Date: _____

Organization: _____

Contact information for individual in need:

Name: _____

Telephone Number: _____

Address: _____

Please describe reason for referral:

Estimated amount needed for service:

\$5 - \$50 \$100 - \$300 \$500 +
 \$50 - \$100 \$300 - \$500

Has assistance for this service been requested through other agencies? _____

Were they denied? _____ Reason for denial: _____

How quickly does this request need to be filled? _____

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Outreach Fund Donation

Name: _____ Date: _____

Organization: _____

If this is a monetary donation, please list the amount: _____

OR

What is the service being donated? _____

Estimated value of service(s): _____

Please describe the reason for donation (i.e. received a referral, got a contract, met a new client/business connection, etc. Please DO NOT list which person/agency gave you the referral):

Do we have your permission to share your donation story with AIP members? _____

We would like to THANK YOU for your donation! Please be assured that your donation to the Aging in Place Outreach Fund will be used directly to support a senior in our community to successfully age in place. Funds will be distributed according to AIPC guidelines found on our website, www.scaip.org.

Please send this form with a check payable to SCAIP-Outreach to:

Outreach Committee Chairman: OR

Annelle Orr
1420 Ashley River Road
Charleston SC 29407
843-513-2096
asorr@rescare.com

Outreach Committee Vice-Chairman:

Elisa Mundis, HALOS
3366 Rivers Avenue
North Charleston, SC 29405
843-953-9539
elisa@charlestonhalos.org