

The Claudia Ulatowski Caregiver Memorial Fund



The Claudia Ulatowski Caregiver Memorial Fund is funded by her daughter and son-in-law, Leah and Alexander Curry. The goal of the fund is to provide funds to assist a caregiver who is a family member of someone with a cognitive disability, including Autism, Down Syndrome, traumatic brain injury and more.

HearthStone of Wisconsin understands the unique journey faced by parents, siblings, guardians and anyone else taking on a caregiver or supportive role. These supports are desperately needed in the lives of those with a cognitive disability, but it is important to ensure that caregivers and advocates have the proper support, too, which the fund hopes to assist with in some small way.

It will be awarded to an individual and can be used in almost any way that would improve the recipient's quality of life. This may include, but is not limited to:

- Furthering the educational pursuits or professional development of the recipient
- Respite or similar services
- Family medical expenses
- Equipment, technology or accessibility renovations to help with caregiving
- Individual or family counseling or other mental health services
- Realizing an individual or family dream (a special trip, etc.)
- Self-care services or retreats to promote well-being of recipient
- A cause or community project close to recipient's heart

To apply to the fund, one must meet the requirements and submit the necessary materials outlined on the application form below (you are limited to one application per year). The application will be evaluated by the HearthStone Education Committee, and the check given directly to the chosen recipient.

The fund honors its namesake who passed away suddenly in 2015 at the age of 47 from a brain aneurysm. Claudia Ulatowski was a brilliant and empathetic child who grew up in Milwaukee, Wisconsin, and was known for writing quotes by Mahatma Gandhi and Martin Luther King Jr. on her white sneakers while her peers were admiring pop stars. She was a first-generation Mexican American and withstood countless struggles throughout her short life by clinging to her Christian faith. Ultimately, she found her purpose in serving as the full-time caregiver to her three beloved sons—Jared, Timmy, and Jacob, who have severe Autism—until her death. Her dream was for more people in her position to be heard, loved on, and supported on their journeys.

The Claudia Ulatowski Caregiver Memorial Fund Application

Applicant Information

Name (First and Last): _____

Home Address: _____

Primary Phone: _____ Email Address: _____

Care Recipient Information (who you care for)

Name (First and Last): _____

Relationship to Applicant: _____ Disability: _____

Requirements

- Must be 18 years old or older and a Wisconsin resident
- Must be a family member who is a caregiver to someone with a cognitive disability and has an active role in that person's life
- Must provide a 300-500 word essay OR a three-minute video recording that:
 1. Describes your active role in the life of the family member you care for and what supports you offer
 2. What the money would mean to you and how specifically it would be used
- Must provide proof of relationship to the individual with a disability, which could be any official document, or a note from a caseworker, physician, therapist/counselor, special education teacher, or a supervisor if working for an employer such as IRIS
- Must provide a personal recommendation letter (from a family member, pastor, friend, etc.) stating why you would be a good fit
- Must sign and include the 'Photo and Information Release' form, included below
- Must provide a photo of yourself for use specified in release form
- Please submit application and attachments to either:

By Mail to:

HearthStone of Wisconsin
Attn: Education Committee
PO Box 1444
Sheboygan, WI 53082-1444

– OR –

By Email to:

education@hearthstonewi.org

By signing below, I certify that I am of 18 years of age or older, meet all above requirements, and that all provided information is complete and true.

Signature

Date of Signature



Photo and Information Release

I hereby grant HearthStone of Wisconsin Inc (“HEARTHSTONE”), permission to use my likeness in photos and/or videos and basic information, including first and last name, in any and all of its publications, including but not limited to all of HEARTHSTONE’S printed and digital publications. I understand and agree that any photograph or video using my likeness will become the property of HEARTHSTONE and may or may not be returned.

I acknowledge that since my participation with HEARTHSTONE is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize HEARTHSTONE to edit, alter, copy, exhibit, publish or distribute my likeness in photos or videos and basic information for purposes of publicizing HEARTHSTONE’S programs or for any related, lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including any written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of photo(s) or video(s) of my likeness.

I hereby hold harmless and release and forever discharge HEARTHSTONE from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____

Signature: _____ **Date:** _____

(of applicant or parent/guardian if applicable)