

**Footsteps of WNY Funding Program Approved List**

Category	Orthotic Devices	Wheelchairs, Positioning and Ambulation Aides	Therapies and Procedures
Item	Custom standers/ standing frames  Custom made leg and spinal braces (hip, knee, ankle, foot orthotics)  Shoe lifts - both internal and external	Manual and power wheelchairs  Electric scooters  Specialized canes (tripod and quad) and forearm crutches  Wheeled walkers  Specialized pediatric walkers, strollers	Physical Therapy  Occupational Therapy  Medical treatments  *Must pertain to Cerebral Palsy diagnosis.
Other Criteria	Medical prescription or letter of medical necessity  Authorization from Heath Professional  Two current quotes preferred	Medical prescription or letter of medical necessity  Authorization from Heath Professional  Two current quotes preferred	Medical prescription or letter of medical necessity  Authorization from Heath Professional  Two current quotes preferred

**Based on Availability of Funds - Funding and Items Funded Subject to Change - Application Required  
 Installation, labor, assessment, and delivery costs are not funded.  
 Home renovations and vehicle modifications are not funded.**