

WEST VIRGINIA FAMILY SUPPORT APPLICATION

Thank you for applying for funds through the WV Family and Community Support program. The Program provides individual services and supports to families who have a member with a developmental disability living at home. Family Support provides information on and referrals to community services and support, as well as limited funds when all other support options have been exhausted. **Family and Community Support Funds are to be used as the funding of last resort.**

Please **print clearly** and **complete the entire application** including initials and signatures on the last page for your application to be considered at the next committee meeting. Please **send your completed application to your Family Support Regional Council.**

If you require this application in an alternative format, please contact your regional provider.

Region	Agency	Contact Information	Counties
1	Brooke Hancock FRN	1300 Potomac Ave. Suite C Weirton, WV 26062 304-748-7850	Brooke, Hancock, Marshall, Ohio, Wetzel
2	East Ridge Health Systems	235 S Water Street Martinsburg, WV 25401 304-263-8954	Berkeley, Grant, Hampshire, Jefferson, Hardy, Mineral, Morgan, Pendleton
3	Westbrook Health Services	2501 Dudley Ave Ste 7 Parkersburg, WV 26101 304-754-7921	Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, Wood
4	LiveAbility	601-3 E Brockway Ave. Morgantown WV 26501 304-296-6091 dlipscomb@liveabilitywv.org	Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, Upshur
5	Prester Center	55 Donahoe Drive Huntington, WV 25905 304-525-7851 ext 2017	Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Wayne
6	Southern Highlands	200 – 12 th Street Extension Princeton, WV 24740 304-425-9541	Mercer, McDowell, Wyoming
	Seneca Health Services	804 Industrial Park Road Maxwelton WV 24957	Greenbrier, Nicholas, Pocahontas, Webster
	FMRS Health Systems	101 S. Eisenhower Dr. Beckley, WV 25801 304-256-7100	Fayette, Monroe, Raleigh, Summers

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Applicant Name		Date of Birth	/ /
Address		County of Residence	
* Phone Number		* Email Address	

Date of Application	/ /	Do you own or rent your home?	
Did someone help with application?		If yes, what is the relationship to the applicant?	
What is the contact information for the individual who helped with the application?	Name		
	Phone Number		
	Email Address		
Have you applied for Family & Community Support before?		What is your race/ethnicity? Hispanic/Latino?	
What is your Developmental Disability? <u>(Medical Document of Developmental Disability is required, please attach).</u>			
How did you learn about the Family & Community Support Program?			

Please indicate which State supports and services you access as well as private insurances you have. Please check all that apply. If you are unsure about any of these, please indicate with a "?" mark. If you need additional information, please contact your Family Support Coordinator.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Aged and Disabled (A&D) Waiver</td></tr> <tr><td>Child with Disabilities Community Services Program (CDCSP)</td></tr> <tr><td>Children with Special Health Care Needs (CSHCN)</td></tr> <tr><td>Discount Utility Program</td></tr> <tr> <td>Intellectual/Developmental Disabilities (I/DD) Waiver</td> <td style="width: 30%; text-align: center;">Are you on the I/DD Waiver Wait List?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr><td>Low Income Energy Assistance Program (LIEAP)</td></tr> <tr><td>Medicaid</td></tr> <tr><td>Medicare</td></tr> <tr><td>Non-Emergency Medical Transportation (NEMT)</td></tr> <tr><td>Personal Care</td></tr> <tr><td>Private Insurance</td></tr> <tr><td>Temporary Assistance for Needy Families (TANF)</td></tr> <tr><td>Traumatic Brain Injury (TBI) Waiver</td></tr> <tr><td>School Clothing Allowance (SCA)</td></tr> <tr><td>Supplemental Nutrition Assistance Program (SNAP)</td></tr> <tr><td>WV State Health Insurance for Children (WVCHIP)</td></tr> <tr><td>School/IEP</td></tr> <tr><td>Other – please specify –</td></tr> </table>	Aged and Disabled (A&D) Waiver	Child with Disabilities Community Services Program (CDCSP)	Children with Special Health Care Needs (CSHCN)	Discount Utility Program	Intellectual/Developmental Disabilities (I/DD) Waiver	Are you on the I/DD Waiver Wait List?	Yes	No	Low Income Energy Assistance Program (LIEAP)	Medicaid	Medicare	Non-Emergency Medical Transportation (NEMT)	Personal Care	Private Insurance	Temporary Assistance for Needy Families (TANF)	Traumatic Brain Injury (TBI) Waiver	School Clothing Allowance (SCA)	Supplemental Nutrition Assistance Program (SNAP)	WV State Health Insurance for Children (WVCHIP)	School/IEP	Other – please specify –
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Requests for Services and Supports

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In this section, please indicate what goods/services you are requesting. Please fill out all sections clearly and completely. Depending on the nature of your request, there may be additional steps or resources to explore before Family and Community Support Flex Funds may be considered. All requests will come with some contribution from family members. **Please attach at least two (2) estimates for the items requested. If approved the check will be made out to the business or vendor.**

What services/supports are you requesting Family and Community Support help with?			
What is the full cost of the request? Please attach at least 2 estimates		Please indicate what your family can contribute to help meet the need? <i>Examples may include but are not limited to money, installation, picking up requested items.</i>	
If applicable, was this request submitted to your insurance?		Was the request approved or denied?	
Please describe insurance details:	Approved Denied Coverage Amount: Reasons for denial:		
Please list resources you have explored to meet your request and the results. Please be specific in your explanations. <i>Resources may include donations, donated services, fund raising, etc.</i> Feel free to attach additional pages as needed.			
Please take a moment and describe to the Family Support Council how this request for goods/services will benefit your family. Feel free to attach additional pages as needed.			

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Please read the following statements and initial that you have read and understand them.

	1. Applications are presented to the Regional Family Support Council only by an identification number to preserve your privacy.		
	2. Family and Community Support Flex Funds are not guaranteed to be available. You may receive all, some or none of the funds you have requested.		
	3. Specific guidelines regarding distribution of funds may vary from agency to agency. Checks will be made out to the business, not to the individual.		
	4. By initialing, I give permission to the Regional Family Support Coordinator to contact the relevant individuals directly related to the completion of the Family Support application process. This includes any vendors directly receiving funds, family members and/or their designee. Any additional consent will be requested on an individual basis. <table border="1" data-bbox="321 625 1464 772"> <tr> <td>Third Parties that may be contacted</td><td></td></tr> </table>	Third Parties that may be contacted	
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	5. If you change the reason for needing the funds, you must complete the following steps: a. Contact the Regional Family Support Coordinator b. Complete a new application for the Family and Community Support Program c. If you have already received a check for your initial request for funding, you MUST return this check to the Regional Family Support Coordinator.		
	6. All applicants will receive a letter detailing the results of their application results. If funds are approved, further instructions will be included in this letter.		
	7. Keep all original receipts for items purchased with Family Support Funds. Submit a copy of these receipts to the Regional Family Support Coordinator within 30 days of spending the monies. (Cancelled checks are not accepted as receipts)		
	8. Family Support funds are not available to reimburse funds already spent by the family.		

You may attach additional pages to address any question on this application, or any other supporting documentation you wish for the Family Support Council to review as a part of your application.

By signing this application, you agree that all information provided is accurate and the application is complete.

Signature of Individual or Family Requesting
the assistance from Family and Community
Support

Date

Printed Name and Relationship to Applicant

Signature of Individual Assisting with
completion of the Family and Community
Support Application Process

Date

Printed Name and Relationship to Applicant

