

Funding Committee Request – Checklists

Family Support	<ul style="list-style-type: none"> ✓ Request Form with signature page <ul style="list-style-type: none"> ○ Completed family schedule (all household members age 14 and older) ○ Narrative that includes why natural supports cannot provide care during requested time frames ✓ Income verification of all types of income for all household members ✓ Doctor's orders / professional recommendation, if applicable ✓ Two bids for each item requested – except incontinence supplies require no bids. Be sure to provide the number of each item used in a typical month. ✓ All Support Plans with signature page(s) ✓ Other supporting documentation to justify need; Individualized Education Plan or Mental Health Case Plan with signature pages
Direct Financial Assistance	<ul style="list-style-type: none"> ✓ Request Form with signature page <ul style="list-style-type: none"> ○ Narrative that includes justification of need for the requested item or service ○ Document attempts for alternate funding ✓ Income verification of all types of income for all household members. Exception is if the individual is 18 then only their income verification is required ✓ Doctor's orders / professional recommendation, if applicable ✓ Two bids for each item requested – except dental services only require one treatment plan and should include information about when the work will occur ✓ All Support Plans with signature page(s) ✓ Other supporting documentation to justify need; Individualized Education Plan or Mental Health Case Plan with signature pages
Waiting List Exception – Crisis	<ul style="list-style-type: none"> ✓ Request Form with signature page <ul style="list-style-type: none"> ○ Narrative that provides details about the current crisis situation. Be specific about examples provided and how they meet the crisis definition ✓ Income and Expenses chart should be completed; verification is not required ✓ Support Schedule if requesting Personal Care Services ✓ All Support Plans with signature page(s) ✓ Individualized Education Plan or Mental Health Case Plan with signature pages ✓ Written documentation from the Managed Care Organization regarding their recommendation or other services offered, if available ✓ Other supporting documentation; police reports, incident reports, or behavior tracking data
Waiting List Exception – Priority Populations	<ul style="list-style-type: none"> ✓ Request Form with signature page <ul style="list-style-type: none"> ○ Narrative that provides justification for the need; meeting the definition of crisis is not required. Access to new HCBS-IDD services is for the purpose of addressing support needs related specifically to the person's IDD. The need cannot be for supervision or other supports already being provided by the foster parent. ✓ Income and Expenses chart should be completed; verification is not required. ✓ Support Schedule if requesting Personal Care Services ✓ All Support Plans with signature page(s) ✓ Individualized Education Plan or Mental Health Case Plan with signature pages ✓ Written documentation from the Managed Care Organization regarding their recommendation or other services offered, if available ✓ Permanency Plan from child placing agency ✓ For transition to adult services, a court date or release date must be provided