



Sedgwick County...  
working for you

Sedgwick County Developmental Disability Organization

Phone: 316-660-7630

Fax: 316-660-4911

FundingRequests@sedgwick.gov

## Family Support Request

\$3,500 maximum allocation

Date:	<input type="text" value="Jan 30, 2019"/>			Current Funding	
Name:	<input type="text" value="Jane Doe"/>			Day:	<input type="text"/>
DOB:	<input type="text" value="5/15/55"/>	Medicaid?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Residential:	<input type="text"/>
SSN:	<input type="text" value="000-000-0000"/>	Insurance?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Personal Care Services:	<input type="text"/>
Tier:	<input type="text" value="1"/>	Child Assessment Score:	<input type="text" value="N/A"/>	Specialized medical:	<input type="text"/>
		Insurance Provider/MCO, if applicable:	<input type="text" value="MCO - Aetna"/>	Unserved	<input checked="" type="checkbox"/>
TCM & Agency Name:	<input type="text"/>			TCM Phone #:	<input type="text"/>

Amount Requested:

### Justification for Request:

Jane is dependent on her granddaughter, Margaret due to her limited mobility, and inability to use the stove or microwave to prepare meals. She requires some assistance for all toileting needs. Margaret is Jane's primary caregiver and does not work during the week in order to attend college and care for her grandmother. Margaret needs to work on the weekends to assist with the household expenses, but there are no other natural supports that can help out. Jane needs in-home supports on the weekends. In addition to the in-home supports, Jane has started to utilize more adult briefs due to her declining health. If there is money available, then Jane would like to obtain adult briefs.

Please list other resources which have been explored and exhausted prior to making this request (include any Value Added Services from the MCO, extended school year opportunities, current waivers and natural supports available).

Jane has utilized the respite hours offered through Aetna. MCO did not have any other recommendations at this time. There are no other family members available to assist, they do not belong to a church or community organization, and Jane does not receive any other waiver services at this time.

If requesting summer camp, please complete the following:

Name of Camp:

Please list any scholarships awarded:

Admissions Contact Person:

What is the staffing ratio?

Eligible for extended school year (ESY)? Yes ☐ No ☐

Plans for attending ESY (dates and times):

When requesting more than one item/support, please rank the priority of need:

Rank	Item/Service	Description	Amount
2	Incontinence Supplies (Must be at least 4 years old.) Description should include number of products used in a typical month.	Adult Briefs; size medium - Jane uses approximately 130 briefs per month	\$500.00
	Supplements: Doctor's orders must be provided for the nutritional supplements.		
	Equipment: Must provide orders from OT, PT, SLP, Doctor, etc. (No prescriptions or co-pays)		
	Other disability-related need		
1	Staff Support or Personal Care (Camp, In-Home Supports, Child Care)	Personal Care Services on weekends	\$3,000.00
<b>Total Funding Requested:</b>			<b>\$3,500.00</b>

If requesting staff support or personal care, please document the hours in which supports are needed.

Location Codes:

A - ARC YESS Program, Discovery Days

S - Specialized Latchkey

H - Services provided in the home

R - Rainbows Camp Woodchuck, Weekend Center O -Other

Select the Month

February

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time						12PM	10AM
Stop Time						8PM	6PM
	location	location	location	location	location	location H	location H

Select the Month

March

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time						12PM	10AM
Stop Time						8PM	6PM
	location	location	location	location	location	location H	location H

Select the Month

April

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time						12PM	10AM
Stop Time						8PM	6PM
	location	location	location	location	location	location H	location H

Select the Month

May

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time											12PM		10AM	
Stop Time											8PM		6PM	
	location		location		location		location		location		location	H	location	H

Select the Month

June

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time											12PM		10AM	
Stop Time											8PM		6PM	
	location		location		location		location		location		location	H	location	H

Select the Month

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time														
Stop Time														
	location		location		location		location		location		location		location	

Select the Month

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time														
Stop Time														
	location		location		location		location		location		location		location	

Select the Month

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time														
Stop Time														
	location		location		location		location		location		location		location	

Select the Month

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time														
Stop Time														
	location		location		location		location		location		location		location	

Select the Month

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time														
Stop Time														
	location		location		location		location		location		location		location	



Select the Month

Time	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start Time														
Stop Time														
	location		location		location		location		location		location		location	

If other was selected, please explain:

Provide dates and times for all in-service/holiday needs:

If requesting staff supports or personal care, please fill out the family schedule below by documenting **all activities** in an average week for **all members of the household (14 years or older)**.

Monday				Tuesday			
Relationship to Consumer	Type of Activity	From	To	Relationship to Consumer	Type of Activity	From	To
Granddaughter	college	730a	930a	Granddaughter	college	730a	1030a
Granddaughter	college	6p	10p	Self	book club at library	6p	7p
Self	at home all day						
Wednesday				Thursday			
Relationship to Consumer	Type of Activity	From	To	Relationship to Consumer	Type of Activity	From	To
Granddaughter	college	730a	930a	Granddaughter	college	730a	1030a
Granddaughter	college	6p	10p	Self	at home all day		
Self	at home all day						
Friday				Saturday			
Relationship to Consumer	Type of Activity	From	To	Relationship to Consumer	Type of Activity	From	To
Granddaughter	college	730a	930a	Granddaughter	Work	12p	8p
Granddaughter	college	6p	10p	Self	at home all day		
self/granddaughter	grocery shopping	10a	1p				
Sunday				Additional Comments			
Relationship to Consumer	Type of Activity	From	To	Jane's granddaughter is her caregiver and from Aug-May she has to work on weekends because of her college schedule. Jane is in need of supports while her granddaughter is at work.			
Granddaughter	Work	10a	6p				

Self	at home all day			

Please include income/expense information to determine ability to "self-fund" the requested service. Income information for all members of the household should be included.

Persons living in the home and relationship to applicant (include additional members on another sheet, if needed) :

Name	Relationship	Age	Employed	Receives IDD Services
Jane Doe	Self	63	No	No
Margaret Doe	granddaughter	21	Yes	No

#### Monthly Gross Income (provide proof of all documented income)

SSI/SSDI	\$978.00	Employment	\$2,159.00
Family Support/Subsidy		Alimony/Child Support	
General Assistance		Trust Fund/Adoption Subsidy	
Temporary Aid for Needy Families (TANF)		Food Stamps (Vision Card)	\$358.00
Other(please explain below)		<b>Average Monthly Income:</b>	\$3,495.00
		<b>Average Annual Income:</b>	\$41,940.00

#### Monthly Expenses

Mortgage/Rent	\$725.00	Electric/Gas	\$200.00
Phone/Cable	\$65.00	Water/Trash	\$65.00
Food/Laundry	\$350.00	Child Support/Alimony Paid	\$0.00
Transportation (payment, gas, insurance, etc)	\$225.00	Childcare	\$0.00
Insurance	\$58.00	Savings	\$50.00
Retirement	\$0.00	Investments	\$0.00
Other Payroll Deductions & Taxes	\$268.27	<b>Average Monthly Expenses:</b>	\$3,256.27
Other (please explain below)	\$1,250.00	<b>Average Annual Expenses</b>	\$39,075.24

### Monthly Expenses

Jane has medications each month that cost \$367, as well as, depends that cost \$178. Jane has credit card payments that total \$250 a month. Granddaughter pays for college classes by making monthly payments of \$205. Her other living expenses total \$250 a month.

If receiving SSI/SSDI, who is the person's payee? Granddaughter - Margaret

If an exception to the SCDDO Sliding Fee Scale is needed due to extenuating circumstances, please explain below (subject to SCDDO Director's approval).

N/A

## Family Support Request Form Signature Page

The SCDDO requires the individual to use an affiliated agency, Self-Directed provider and/or licensed childcare provider for all staff support and personal care services. Please indicate below:

Agency/Licensed Provider Name: ABC Cares

☒ Agency-Directed

☐ Self-Directed

By signing below, I confirm the information provided is accurate and consent to the submission of this request and supporting documentation to the Sedgwick County Developmental Disability Organization (SCDDO) Funding Committee for review.

2/1/19

Date

Jane Doe

Signature of Individual/Individual's Representative

Jane Doe, self

Printed name of individual/Individual's Representative and if a representative, the relationship to Individual.

This request should be submitted for review with the following:  
Income verification for Jane's social security income  
Income verification for Margaret's employment  
Verification of food stamps  
All Support plans with signature pages