

West Virginia Family and Community 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 and referral to community services and supports, as well as, limited flex funds when all other support options have been exhausted. **Family and Community Support Flex 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 in order 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 c/o Ohio County FRN	56 13th Street Wheeling, WV 26003 304-748-7850	Brooke, Hancock, Marshall, Ohio, Wetzel
2	East Ridge Health Systems	235 South Water Street Martinsburg, WV 25401 304-263-8954 ext. 127	Berkeley, Grant, Hampshire, Jefferson, Hardy, Mineral, Morgan, Pendleton
3	Westbrook Health Services	2121 E 7 th Street Parkersburg, WV 26101 304-485-1721 ext. 550	Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, Wood
4	West Virginia Center for Independent Living	601 East Brockway Avenue, #A Morgantown, WV 26501	Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, Upshur
5	Prestera Center	911 Michael Ave. Charleston, WV 25312 304-414-2065 ext. 2810	Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Wayne
6	Southern Highlands Community Mental Health Center	200 – 12 th Street Extension Princeton, WV 24740 304-425-9541	McDowell, Mercer, Wyoming
6	Seneca Health Systems	804 Broad St. Summersville, WV 26651 304-872-2090 ext. 122	Greenbrier, Nicholas, Pocahontas, Webster
6	FMRS	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	

***Please indicate by circling your preferred method of communication- phone or email**

Date of Application		Do you own or rent your home?		
Did someone help with the completion of the 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 and Community Support before?		What is your race/ethnicity?		
What is your Developmental Disability? (Medical Documentation is required)				
How did you learn about the Family and Community Support Program?				
<p>Please indicate which State supports and services you access as well as private insurances you have.</p> <p>Please check all that apply. If you are unsure about any of these, please indicate with a “?” mark.</p> <p>If you need additional information, please contact your Family and Community Support Coordinator.</p>	<input type="checkbox"/>	Children with Disabilities Community Services Program (CDCSP)		
	<input type="checkbox"/>	Children with Special Health Care Needs (CSHCN)		
	<input type="checkbox"/>	Discount Utility Program		
	<input type="checkbox"/>	Intellectual/Developmental Disabilities (I/DD) Waiver		
	<input type="checkbox"/>	Are you on the I/DD Waiver Waitlist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/>	Low Income Energy Assistance Program (LIEAP)		
	<input type="checkbox"/>	Medicaid		
	<input type="checkbox"/>	Medicare		
	<input type="checkbox"/>	Non-Emergency Medical Transportation (NEMT) via MTM		
	<input type="checkbox"/>	Personal Care		
	<input type="checkbox"/>	Private Insurance		
	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)		
	<input type="checkbox"/>	Traumatic Brain Injury (TBI) Waiver		
	<input type="checkbox"/>	School Clothing Allowance (SCA)		
	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)		
<input type="checkbox"/>	WV State Health Insurance for Children (WVCHIP)			
<input type="checkbox"/>	Women Infant and Children (WIC)			
<input type="checkbox"/>	Other – please specify –			

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Requests for Services and Supports

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.**

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:	<u>Approved</u>	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. Resources may include: donations, donated services, fund raising, etc. 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 within the State.	
	4. By initialing, I give permission to the Regional Family and Community 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.	
	Third Parties that may be contacted:	
	5. If you change the reason for needing the funds, you must complete the following steps: <ul style="list-style-type: none"> a. Contact the Regional Family and Community 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 and Community 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 the letter.	
	7. Keep all original receipts for items purchased with Family and Community Support Funds. Submit a copy of these receipts to the Regional Family and Community Support Coordinator within 30 days of spending the monies. (Cancelled checks are not accepted as receipts)	
	8. Family and Community 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 the Family and Community Support Program	Date	Printed Name and Relationship to Applicant
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Signature of Individual Assisting with completion of the Family and Community Support Application Process	Date	Printed Name and Relationship to Applicant
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DO NOT WRITE IN THIS BOX - OFFICE USE ONLY		
Date of Meeting	ID Number	
Funds Requested	Council Recommendation	Approved
		Denied
Date Receipts Received	Referrals Made	