



Family Support Services—Family Reimbursement for Goods & Services, Application for 2022

Living Resources Corporation’s Family Support Services (FSS)—Family Reimbursement for Respite, Goods & Services program provides financial assistance to families in New York State who live with a family member diagnosed with a developmental disability. This service can provide financial reimbursement to families who have had to provide respite and to buy necessities for their loved one with ID/DD, up to \$650 per family each year. Any request must clearly contribute to the health and wellbeing of the individual, and must be related to the care of the individual with a disability and may need a clinical justification for approval of reimbursement.

Applicants must be OPWDD eligible. Only families living in Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties are eligible for the grant. Individuals living independently, or in residential settings are **not** eligible for reimbursement. FSS is a single provider service, should any other agency be applied to and approved through OPWDD, applicants can be denied for a secondary agency.

Families completing the application process may be eligible for reimbursement of respite, medical expenses not covered by insurance, education materials, sensory items, summer camps, music lessons, etc. FSS is considered “last resort” and other options must be explored first. Applications must be turned into our office by the following dates in order to be considered for approval for that quarterly meeting:

- Quarter 1: Friday, February 11th, 2022
- Quarter 2: Friday, May 13th, 2022
- Quarter 3: Friday, August 12th, 2022
- Quarter 4: Friday, November 11th, 2022
- The committee takes into consideration any special request regarding these deadlines as long as the recipient contacts the FSS Coordinator to review the circumstances on an individual basis.

Requests are reviewed on an anonymous basis; only the FSS Coordinator will know applicants’ names for proper dispersal of funds. All applications are brought to the agency FSS committee and decisions are made solely by the committee based on the following: eligibility for OPWDD services, financial need of the applying family, the necessity of the item for which the family seeks reimbursement, previous grants received by the family, and how the grant will improve the individual’s and family’s quality of life relating to the person developmental disability. Funding is limited and first come first serve. We cannot guarantee that requests will be approved.

All applications need to be **filed in completely and submitted with necessary documentation.** Failure to do so will result in a lack of consideration by the committee. A family may only apply for this grant once per calendar year.

After the FSS Family Reimbursement Committee has met, the agency will contact you via mail as to the decision of the committee. Letters of approval or denial will be generated within one month of the meeting date. Any awarded funds must be used by deadline date given or they may be given to another in need, unless an extension is granted.

Please contact Jacqueline Calder, FSS Coordinator, at jcalder@livingresources.org or at 518-218-0000 ext. 5414 with any questions or assistance needed in completing the application.

Best,
Jacqueline Calder
Community Living Coordinator, QIDP



2022

Name of Applicant (Person with OPWDD Eligibility): _____

Age: _____ Date of Birth: _____ Gender: _____ TABS #: _____

Name of Parent(s)/Caregiver(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone #: (____) _____ - _____ Email: _____

Range of Gross Family Income (including SSI/SSDI) \$ _____	Please indicate the <u>number</u> of individuals in your home: _____ Adults- Age 18 and older _____ Minors- 17 years old and younger
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Nature of Individual's Disability: **(Please indicate all that apply)**

- Intellectual Disability
 Neurological Impairment
 Autism
 Cerebral Palsy
 Seizure Disorder
 Developmental Delay
 Other: _____

Please indicate the OPWDD and/or Waiver services you are currently receiving:

- Care Coordination
 Respite
 Community Habilitation
 SEMP
 Day Hab
 Self-Direction: Applied: _____ or Launch Date: _____ or Budget Effective date: _____

Broker Information (Name and Number): _____

Name of Care Manager: _____

CCO: _____ Phone #: _____

Email: _____

Complete the following checklist before submission:

- Letter of Eligibility from OPWDD must accompany this request
- Receipt for pre-purchased item(s) if requested
- Family member lives at home parent(s)/caregiver(s)
- Parent/Caregiver has signed application
- Self-Direction budget must be attached if applicable and include Contracted Services- FSS funds must be allocated to Living Resources

Please check what you are applying for: Respite Goods and Services

Respite:

If applying for respite, please explain the reason for this request.

Note: Providers may be a family member but CANNOT have the same address as the individual or be the parent.

Requested amount for Respite: \$ _____

Goods and Services:

Please describe the item/service for which you are requesting reimbursement and how will it benefit your family member in relation to their disability. You may attach an additional sheet if necessary.

Requested amount for Item/Services: \$ _____
(Please attach a written estimate from the company/store for the item)

Is applicant is currently applying elsewhere for this request? YES NO

If Yes, Please provide the all agencies name and contact information. Please note that if you have already been applying or approved through another agency, OPWDD may deny a second request. *(You may use another sheet of paper if needed)*

Agency: _____

Contact: _____

Please note: By completing this application, you give Living Resources staff permission to contact other agencies regarding this reimbursement request.

*Parent/Caregiver Signature**

Date

*Care Manager Signature**

Date

***All Signatures must be signed in order for reimbursement requested to be considered.**

Return application to:

Jacqueline Calder ♦ Living Resources Corporation ♦ 300 Washington Avenue Extension ♦ Albany ♦ New York 12203

Email: jcalder@livingresources.org ♦ F: 518-862-2175

Admin Use Only:

Approval date: _____ Approved/Amount: _____ Denied: _____ Reason: _____

Contact made with family: Letter: _____ Phone Call: _____ CM Contact: _____

FSS Coordinator's Initials: _____