HART-SUPPORTED LIVING

GRANT RENEWAL APPLICATION

This packet is for applicant requesting:

Continuation of ONGOING Hart-Supported Living funding.

**Application Due Date:** February 1 of each year

**Funding Date:** July 1 of each year.

Funding of any application is contingent upon availability of funds.

*This document is available in alternate formats upon request.*

**A BRIEF DESCRIPTION OF HART-SUPPORTED LIVING**

Hart-Supported Living is a program that is based on individually designed plans for support. These plans provide people with disabilities the help they need to live successfully in a home of their choice. The individual with a disability (and the people who support them) plan and design a set of services which meets the individual’s needs and is consistent with the principles of Supported Living. If the individual’s request for funding is recommended, then a Supported Living plan is developed, and funds are granted to implement the plan.

**Eligibility:**

Only a person with a disability who is a resident of Kentucky or whose family or guardian is a resident of Kentucky is eligible to apply for a Hart-Supported Living Program grant. The person may be living with a family member, independently, or be in a congregate setting and be eligible to apply for a grant. If funded, the applicant must maintain Kentucky residency as a condition of receiving grant funds or for the duration of the grant (KRS 210.790).

The Hart-Supported Living statute utilizes the definition of disability found in the Americans with Disabilities Act (ADA): A person who has a physical or mental impairment that *substantially* limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability (KRS 210.770).

### REQUEST FOR RENEWAL

To On-going Grant Recipients:

This annual *Request for Renewal* is the way you ask for your current ongoing Hart- Supported Living grant to be continued and to request for your Hart- Supported Living grant to be changed or increased. The request that you make will be for the next Fiscal Year, which starts July 1.

You should start planning and thinking about your Hart-Supported Living grant so that you can submit this request by February 1. To help you in this planning, a copy of your current Hart-Supported Living plan is included in this request packet (attached to these instructions). You are encouraged to plan with the people who support you and who are important to making your Hart-Supported Living plan work. You may also consult with the Regional Hart-Supported Living Coordinator for assistance in completing this request.

When you decide what you want to ask for, you will know which sections of this request to complete. **All** ongoing recipients will complete and return Section One, which will include your Proposed Plan. If you want to change your plan and/or ask for additional funds, you will also have to fill out Section Two. Based on what you have indicated, your Regional Coordinator may provide you guidance to complete your request. But remember that any request for additional supports, must be requested on a new application.

##### IMPORTANT THINGS TO KEEP IN MIND ABOUT YOUR REQUEST FOR CONTINUATION.

* Ongoing grants are called ‘on-going’ because they are usually ongoing to the next fiscal year.

The ongoing supports will be reviewed to determine:

* + a) NEED: if the recipient continues to need the current supports,
	+ b) PRINCIPLES: if the current plan meets the principles of Hart-Supported Living, and
	+ c) NOT DUPLICATIVE: if Hart-Supported Living supports do not duplicate any support the recipient is able to receive through another program.

Ongoing supports that meet the principles of Hart-Supported Living, are needed by the recipient and are not duplicative will be continued as on-going supports. The Review Team will consider all information available about need, principles, and duplication in making a continuation funding recommendation.

* Asking for a change to your plan or for an increase in your grant amount does **NOT** put your current grant at risk: A request for a change or a request for an increase in the grant amount to keep the current plan working may be approved or may not be approved. But even if it is not approved, the current ongoing plan will be continued (so long as it meets the requirements of need, principles, and no duplication – see above.
* You must submit a letter of justification with your renewal: A letter from a physician, physician’s assistant, nurse practitioner or licensed therapist justifying the requested ongoing support(s) and how it relates to the applicant’s disability.
* You must submit your income verification with your renewal: You may accomplish this by submitting a copy of your most recent year’s income tax returns disclosing the adjusted gross income, the past three months pay stubs, or other official verification of income for the past year.
* Requests for justifiable changes are encouraged: Hart-Supported Living is defined as ”highly flexible, individualized services” so current ongoing recipients are strongly encouraged to carefully review their current plans and the supports that they need to live in and participate in their communities and to request any needed changes.
* Funding recommendation priorities: Funding of any Hart-Supported Living grant for any fiscal year is *always* contingent on the amount of funding available to the program for the fiscal year. Every year, there are many, many more requests from current recipients for additional funding. Funding recommendations will be made in this order:
1. **Continuation funding of current ongoing recipients with no changes:** If current ongoing supports are needed, meet the principles of Hart-Supported Living, and do not duplicate other supports, the funds needed to continue current recipients in their current plan or in an approved amended plan will first be recommended. This ‘continuation’ funding recommendation will be in an amount of the recipient’s current grant amount.
2. **Changes in funding to keep current plans working:** The next priority level will be any changes that a current ongoing recipient needs just to keep the current plan working. This may include funds to pay increased Workers’ Compensation rates or other employment related costs or for a reasonable increase in hourly rates to an individual provider or agency. The increase would allow the recipient to continue to receive the same supports at the same number of hours as is in the current plan. Requests for additional hours will need to be requested through a new application.
3. **Addition of new and required supports to keep the plan working:**The next priority level will be any new additional required supports the ongoing recipient needs to keep the plan working. This may include adding a new support of taxes, workers compensation, or professional financial assistance (CPA), to keep in compliance with employer requirements.

##### THE SECTIONS THAT YOU COMPLETE WILL DEPEND UPON

##### WHICH ALTERNATIVES OR COMBINATIONS YOU ARE REQUESTING

* **Section One**: Every recipient will fill out Section One, which includes a blank Proposed Plan. If you are requesting a continuation only, this is **all** that will be completed, and the Proposed Plan will look just like your current plan.
	+ If you are requesting a change to your current funding and/or asking for an increase to keep your plan working, fill out the Proposed Plan at the end of this application following Section Two.
* **Section Two**: If you are requesting any changes to your plan (Increase, decrease, and/or to add a required support

|  |
| --- |
| HSL ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Assigned by Regional Coordinator) |

**HART-SUPPORTED REQUEST FOR RENEWAL APPLICATION**

Please provide all the following information.

You may print or type your answers. If you print, please use dark blue or black ink.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of person requesting Supported Living funds Date of Birth

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender Male Female Other \_\_\_\_\_\_\_\_\_\_

Race (mark all that apply) American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I declare that the information contained in this application is true and I understand the Hart-Supported Living review team can confirm this information to make a determination about funding my application.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian (if applicable) Date

**FOR THE NEXT FISCAL YEAR, I AM REQUESTING:**

CHECK OPTION THAT APPLIES

Continuation of current plan: **NO changes**

******Continuation of current plan with: **Increase in budget, decrease in budget, and/or additional funding for current supports.**

**Section One:** Complete by ALL current ongoing recipients

1. What assistance or services do you receive now?(Check all that apply.)

\_\_\_\_ **Social Security Disability (SSDI)**

\_\_\_\_ **Supplemental Security Income (SSI)**

\_\_\_\_ **Medicare**

\_\_\_\_ **Medicaid** (Medicaid # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_ **HOME AND COMMUNITY BASED WAIVERS** *(HCBW, SCL, MPW, ABI, ABI LTC, MODEL II)*

 Services Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Case Manager/Support Broker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **FIRST STEPS EARLY INTERVENTION PROGRAM**

 Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **REGIONAL COMMUNITY MENTAL HEALTH CENTER** (CMHC) **PROGRAM**

 Services Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Case Manager/Support Broker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **PERSONAL CARE ATTENDANT PROGRAM** (PCAP) Hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **TRAUMATIC BRAIN INJURY** (TBI) **TRUST FUND**

 Case Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **DEPARTMENT FOR THE BLIND AND/OR**

 **COMMISSION ON THE DEAF AND HARD OF HEARING**

 Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **DEPARTMENT OF VOCATIONAL REHABILITATION**

 Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **PRE-SCHOOL OR SCHOOL SPECIAL EDUCATION**

 Services Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Teacher/Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **VETERANS SERVICES AND PROGRAMS**

 Services Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **PRIVATE INSURANCE** Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Services (other than medical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **OTHER PROESSIONAL SUPPORTS** *(Home Health, Center for Independent Living, or social service supports though the Area Agencies on Aging, such as Homecare Program, Meals on Wheels, etc.)*

 Services Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency/Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

 Services Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency/Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ **OTHER INFORMAL SUPPORTS** *(Family, friends, community supports, etc.)*

 Support Provided\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Support Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you asked for changes in your plan over this current fiscal year? \_\_\_YES \_\_\_NO

(If **YES**, briefly explain why you requested these changes and how the requested changes have worked.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be using all the funds in your plan this fiscal year? \_\_\_YES \_\_\_NO

(If ***NO***, explain about how much will be left, what support it is for and the reason(s) why you will not be using all your funding.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had a change in any supports during this current fiscal year, either from other programs or from family, friends, or other members of the community? \_\_\_YES \_\_\_NO

(If ***YES***, please explain.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How has your current plan been successful?

How has your current plan allowed opportunities to participate in your community?

Provide any other information to assist in the renewal consideration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If NO changes are being requested to your current plan:**

1. Complete the proposed plan (page 7 of the renewal application)
2. Mail, email, fax or hand deliver the application to the Regional Coordinator. The fax, or email must be received by February 1. If February 1 falls on a weekend day, the application deadline is the following Monday.

**If changes are being requested to your current plan:**

1. Continue renewal application and complete Section Two
2. Complete the proposed plan (page 7 of the renewal application)
3. Mail, email, fax or hand deliver the application to the Regional Coordinator. The fax, or email must be received by February 1. If February 1 falls on a weekend day, the application deadline is the following Monday.

**SECTION TWO**

Continue **IF** requesting a change in funding

1. If you are requesting any increases for employees or providers, please explain why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Complete the table below if you are requesting an increase in the hourly rate of pay for your employees. List the information on current plan, then the proposed change in hourly rate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Support 1:**  |  **Current Plan** |  |  **Support 1:**  | **Proposed Plan** |
| Avg. # of hrs. /wk. |  |  | Avg. # of hrs./wk. |  |
| Hourly rate |  |  | Hourly rate |  |
| **TOTAL A** |  |  | **TOTAL B** |  |
|  |  |  |  |  |
| **Support 2:**  |  **Current Plan** |  | **Support 2:**  |  **Proposed Plan** |
| Avg. # of hrs. /wk. |  |  | Avg. # of hrs./wk. |  |
| Hourly rate |  |  | Hourly rate |  |
| **TOTAL A** |  |  | **TOTAL B** |  |
|  |  |  |  |  |
|  **Support 3:**  |  **Current Plan** |  | **Support 3:**  |  **Proposed Plan** |
|  Avg. # of hrs. /wk. |  |  | Avg. # of hrs./wk. |  |
|  Hourly rate |  |  | Hourly rate |  |
|  **TOTAL A** |  |  | **TOTAL B** |  |

#####  PROPOSED INCREASE IN SUPPORT 1: (Total B - Total A) = \_\_\_\_

#####  PROPOSED INCREASE IN SUPPORT 2: (Total B - Total A) = \_\_\_\_

#####  PROPOSED INCREASE IN SUPPORT 3: (Total B - Total A) = \_\_\_\_

1. Complete the chart below. List any other support that you want increased, the current annual amount for the support and the increased annual amount for the support. List only the supports that need to be increased just to keep your plan working at its current level. For example, increases in Workers’ Compensation, accounting fees, taxesetc. Then write the total increase that you are asking for these supports.

|  |  |  |
| --- | --- | --- |
| Support | Current Annual Amount | Proposed Annual Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **PROPOSED TOTAL INCREASE** |  |

1. Why are you are requesting to add new or additional required support(s), and explain the amount(s)? (Required supports is a legal requirement such as taxes, workers compensation and/or professional financial assistance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Complete the chart below. List any new required support(s) that you are requesting to your plan to keep your current plan successful. Examples of new supports that might be needed are employment taxes, accounting services, or Workers’ Compensation Insurance.
2. Indicate the additional amount in your plan for the requested new support.

|  |  |
| --- | --- |
| **Support** | **Proposed Annual Amt** |
|  |  |
|  |  |
|  | **PROPOSED TOTAL INCREASE** |  |

1. Why are requesting to reduce and/or eliminate a support?

Explain the amount if a reduction is requested?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Complete the chart below. List any current support(s) that will decrease and/or be eliminated.
2. The current annual amount for the support and the decreased annual amount for the support. List only the supports that need to be decreased.

|  |  |  |
| --- | --- | --- |
| **Support** | **Current Annual Amt.** | **Proposed Annual Amt.** |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **PROPOSED TOTAL DECREASE** |  |

TOTAL budget change: Sum of questions 6., 7., and 8.

|  |  |
| --- | --- |
| 6. PROPOSED TOTAL INCREASE | $ |
| 7. PROPOSED TOTAL INCREASE | $ |
| 8. PROPOSED TOTAL DECREASE | $ |
| Total budget change | increase or decrease (circle one) | $ |

|  |
| --- |
| **Proposed Plan for Continuation of Supports** |

1. **Describe** the on-going support(s) being requested and the **amount** being requested to fund the support(s).
2. **Complete** Columns A, B & F. Complete C, D & E, if applicable
3. **Complete** the plan to reflect any requested changes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A**ONGOING SUPPORT or SERVICE and DESCRIPTION  |  **B**AGENCY or INDIVIDUAL | **C**HOURS PER WEEK | **D**COST PER HOUR | **E**COST PER WEEK (C X D) | **F**COST PER YEAR (E X 52) |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| **TOTAL proposed** **for requested ongoing supports** |  |  | $ |

**COMPLETING YOUR RENEWAL APPLICATION FOR ON-GOING SUPPORTS**

Attach the signed statement of justification for your ongoing request(s) on letterhead from a physician, physician assistant, nurse practitioner or licensed therapist.

Mail, email, fax or hand deliver the application to the Regional Coordinator. The fax, or email must be received by February 1.

If February 1 falls on a weekend day,

the application deadline is the following Monday.