

# HART-SUPPORTED LIVING GRANT APPLICATION

*All applications are due by April 1<sup>st</sup> of each year  
For funding available July 1<sup>st</sup>*

Funding of any application is contingent upon  
availability of funds

THIS PACKET IS FOR APPLICANTS REQUESTING  
NEW  
ON-GOING OR ONE-TIME GRANTS.

This document is available in alternate formats upon request

# REGIONAL HART-SUPPORTED LIVING PROGRAMS AND COORDINATORS

Listed below are the fourteen Regional Boards that administer the Hart-Supported Living program. The counties served by each Regional Board are listed in *italics*. Find your county to locate the address, phone number and fax number for each Regional Hart-Supported Living Coordinator.

- You may contact the Regional Coordinator to request assistance in completing your application. You are strongly encouraged to do so.
- You **must** submit your application to the Hart-Supported Living Coordinator in the region where you live or intend to live if funded.

## **Region 1 – Four Rivers**

*Ballard, Callaway, Carlisle, Fulton  
Graves, Hickman, Livingston,  
McCracken, Marshall*  
425 Broadway, Suite 203  
Paducah, KY 42001  
Phone: (270) 442-5088  
Fax: (270) 442-3268

## **Region 2 – Pennyroyal**

*Caldwell, Christian, Crittenden,  
Hopkins, Lyon, Muhlenberg, Todd, Trigg*  
PO Box 614  
Hopkinsville, KY 42241  
Phone: (270) 885-1601  
Fax: (270) 887-9221

## **Region 3 – River Valley**

*Daviess, Hancock, Henderson,  
McLean, Ohio, Union, Webster*  
1100 Walnut Street  
PO Box 1637  
Owensboro, KY 42302  
Phone: (270) 689-6596  
Fax: (270) 689-6677

## **Region 4 – Lifeskills**

*Allen, Barren, Butler, Edmonson,  
Hart, Logan, Metcalfe, Monroe,*  
PO Box 6499  
Bowling Green, KY 42102-6499  
Phone: (270) 901-5000x1211  
Fax: (270) 842-5931

## **Region 5 – Communicare**

*Breckenridge, Grayson, Hardin,  
Larue, Marion,  
Meade, Nelson, Washington*  
320 Ring Rd.  
Elizabethtown KY 42701  
Phone: (270) 769-3377  
Fax: (270) 769-6974

## **Region 6 - Seven Counties**

*Bullitt, Henry, Jefferson, Oldham  
Shelby, Spencer, Trimble*  
3717 Taylorsville Rd  
Louisville, KY 40220  
Phone: (502) 459-8221  
Fax: (502) 452-9079

## **Region 7 – North Key**

*Boone, Campbell, Carroll, Gallatin,  
Grant, Kenton, Owen, Pendleton*  
1201 S. Ft. Thomas Ave.  
Fort Thomas, KY 41075  
Phone: (859) 781-5586  
Fax: (859) 781-2171

## **Region 8 – Comprehend**

*Bracken, Fleming, Lewis, Mason,  
Robertson*  
741 Kenton Station Rd  
Maysville, KY 41056  
Phone: (606) 759-7161  
Fax: (606) 759-4895

## **Region 10 - Pathways**

*Boyd, Carter, Elliot, Greenup,  
Lawrence, Bath, Menifee,  
Montgomery, Morgan, Rowan*  
PO Box 790  
Ashland, KY 41105-0790  
Phone: (606) 329-8588 x4072  
Fax: 325-4585

## **Region 11 - Mountain**

*Floyd, Johnson, Magoffin,  
Martin, Pike*  
104 South Front St.  
Prestonsburg, KY 41653  
Phone: (606) 886-4326  
Fax: (606) 886-4434

## **Region 12 – Kentucky River**

*Breathitt, Knott, Lee, Leslie,  
Letcher, Owsley, Perry, Wolfe*  
115 Rockwood Lane  
Hazard, KY 41701  
Phone: (606) 436-5761 x7277  
Fax: (606) 436-5797

## **Region 13 – Cumberland River**

*Bell, Clay, Harlan, Jackson, Know,  
Laurel, Rockcastle, Whitley*  
PO Box 568  
Corbin, KY 40702  
Phone: (606) 528-7010  
Fax: (606) 528-9623

## **Region 14 – Adanta**

*Adair, Casey, Clinton, Cumberland,  
Green, McCreary, Pulaski, Russell  
Taylor, Wayne*  
259 Parker's Mill Rd.  
Somerset, KY 42501  
Phone: (606) 679-4782x227  
Fax: (606) 678-5296

## **Region 15 – Bluegrass**

*Anderson, Bourbon, Boyle, Clark,  
Estill, Fayette, Franklin, Garrard,  
Harrison, Jessamine, Lincoln  
Madison, Mercer, Nicholas,  
Powell, Scott, Woodford*  
3161 Custer Dr. Suite #4  
Lexington KY 40517  
Phone: (859) 272-7483 X246  
Fax: (859) 272-9685

## **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 him or her) plan and design a set of services which meets the person'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.

Kentucky Supported Living was started in 1992 when the Kentucky Supported Living Statute was passed. The statute was amended in 2006 and the program is now called Hart-Supported Living. It is regulated by 908 KAR 2:190.

### **PRINCIPLES OF HART-SUPPORTED LIVING**

This law defines Hart-Supported Living as "grants which provide a broad category of highly flexible, individualized services which, when combined with natural unpaid or other eligible paid supports" provide the necessary assistance for the individual to live in the community. The statute requires that the Hart-Supported Living program promote:

- **Choice** over how, when, and by whom supports are provided and over where and with whom a person with a disability lives;
- **Responsibility** of the person with a disability and his or her representative for managing grants and the provision of service under the grant;
- **Freedom** to live a meaningful life and to participate in the community with members of the general citizenry:
- Enhancement of **health and safety**;
- **Flexibility** of services that change as the person's needs change without the individual having to move elsewhere for services;
- Use of **generic options** and **natural supports**;
- Well-planned and proactive **opportunities to determine** the kinds and amounts of support desired, with the meaningful participation of the individual, the individual's family or guardian where appropriate, friends, and professionals;
- **Home ownership or leasing** with the home belonging to the person with a disability, that person's family, or to a landlord to whom rent is paid.

## HART-SUPPORTED LIVING IS NOT. . .

- ❖ **NOT** a program where an eligible individual is enrolled, chooses services from a list of available supports and then has those services provided by employees of an agency. The supports and services received through Hart-Supported Living are designed and managed by the individual and those who support him or her. Managing the plan may include hiring employees to provide services or contracting with an agency for services.
- ❖ **NOT** an income support program. Supported Living does not provide funding for on-going living expenses such as mortgage or rent payments, utility bills, food costs, repairs unrelated to a person's disability, unpaid medical bills or health insurance premiums, or the purchase or rental of a vehicle.
- ❖ **NOT** an entitlement program. Whether an eligible application is funded depends upon the amount of funding available.

The Statute also states that Hart-Supported Living does **not** include any services that:

- Physically or socially isolates people who are disabled from the general population;
- Does not allow adults with disabilities as much control over their living arrangements as they can manage; or
- Includes more than three unrelated people with disabilities living together.

## WHAT CAN BE REQUESTED?

Generally, an applicant can request a grant for supports that meet individual needs and are consistent with the principles of Hart-Supported Living. The supports requested should be based on an individualized, person-centered plan. There are two types of supports that can be requested: one-time and on-going.

- ✓ One-time requests are for supports that are needed just one time.
- ✓ On-going requests are for supports that will continue to be needed.
- ✓ Applicants may request either one-time or on-going or both.
- ✓ The examples listed below do not include all possible requests.
- ✓ The application has sections for one-time and on-going requests.

## **EXAMPLES OF ONE-TIME REQUESTS:**

**ADAPTIVE AND THERAPUTIC EQUIPMENT:** TTY/TTD modules, communication devices, Medicalert, specialized fire alarm, service animal, assistive technology, etc. to help a person live in his/her own home or function more independently. A letter from a therapist or physician justifying the request will be required.

**HOME MODIFICATIONS:** architectural changes, ramps, widening doorways, accessibility/adaptions to bathrooms, etc. which need to be made to the residence to accommodate the individual's disability. There is a limit of \$3500 for rental property. The modification must be related to the person's disability. General repairs or maintenance not related to a person's disability (such as roof, gutters, windows, and water damage) cannot be funded. A letter from a therapist or physician will be required, if necessary, to show that the modification requested is related to the person's disability.

**VEHICLE MODIFICATIONS:** Lifts, carriers for chairs, hand controls. Hart-Supported Living will not fund a vehicle or vehicle rental.

**START-UP GRANTS:** a variety of one-time expenses related to living in a house or rental property in the community such as security deposit, down payment (maximum 10%), closing costs, purchase of furniture or equipment. Documentation to justify the request will be required. On-going rent or mortgage payments cannot be funded through Supported Living.

**IMPORTANT NOTE:** *One-Time only requests will require the following documentation to be attached to your application as follows:*

- 1. Letter from a therapist or physician justifying the request for equipment or therapy or to establish that the requested home modification is related to disability.*
- 2. One estimate from the person or vendor you expect to provide the service. (If the request is funded, additional estimates may be required at that time.)*
- 3. Documentation that the equipment, therapy or modification is not obtainable from another source, such as private insurance, Medicare or Medicaid or another program such as Vocational Rehabilitation, IDEA (special education).*

## **EXAMPLES OF ON-GOING REQUESTS:**

**ATTENDANT CARE/PERSONAL CARE/COMPANIONSHIP SERVICES:** person to assist with feeding bathing, dressing, transferring, turning, repositioning, activities of daily living, ambulation, emergency procedures, fitness or appointments.

**COMMUNITY RESOURCE DEVELOPER:** person who coordinates and assists in helping a person to develop relationships, opportunities, networks, etc. in the community on an individualized basis which would possibly be sustained voluntarily over time, e.g. facilitation of person's participation in church or other religious organizations, civic associations, community organizations, personal hobbies, family activities, etc.

**HOMEMAKER SERVICES:** cooking, shopping, laundry, housekeeping and practical assistance in maintaining the recipient's household.

**RESPIRE:** person who can provide care for a person with a disability so the caregiver or provider can have a break.

**RECREATION/LEISURE:** person who provides assistance in going places in the community and participating in leisure activities.

**LIVE-IN SUPPORT:** person who provides support in areas of personal care, supervision (if needed) and home management on a live-in basis.

**TRAINER IN HOME MANAGEMENT AND INDEPENDENT LIVING SKILLS:** person who teaches and enhances skills and competencies in living in the community such as laundry, cooking, cleaning, budgeting, meal planning, shopping, etc.

**SUPPORT BROKER OR PERSONAL AGENT:** person who coordinates the plan, locates providers and related resources and provides oversight to plan implementation; may also facilitate person-centered planning team.

**CONSULTATION:** evaluation or assessment to enhance communication, accessibility, assistive technology needs or to assist in resolving difficult situations or behavioral challenges; can include person-centered planning by an independent and trained facilitator.

**TRANSPORTATION:** can include the cost of hiring a person to provide transportation to work or community activities; can also include mileage or cost reimbursement for a person providing transportation or reimbursement for the cost of alternate transportation such as taxis, or specialized bus or van services. It does not include the purchase or rental of a vehicle or transportation to programs primarily for persons with disabilities.

**EMPLOYMENT RELATED EXPENSES:** If the applicant plans to hire individuals to provide services, a request for sufficient funds to pay employer taxes, workers' compensation and to pay an accountant or individual with experience to assist in managing employment can be made.

## WHAT CANNOT BE REQUESTED?

Hart-Supported Living regulations provide that a Hart-Supported Living grant shall **not** be used for:

- ◆ On-going rent or mortgage payments
- ◆ Payment of a medical insurance premium or unpaid medical bills
- ◆ Supplementation of wages for staff in other publicly-funded programs
- ◆ Modifications costing over \$3500 to rental property
- ◆ A home improvement not related to the person's disability
- ◆ Rental of a vehicle for more than thirty days in a fiscal year
- ◆ Purchase of a vehicle
- ◆ Supports or services for individuals in living arrangements that include more than three people with disabilities (unless all are related legally or biologically as a family unit)
- ◆ Equipment or service which is obtainable from another program for which the applicant qualifies. Hart-Supported Living cannot be used for duplication of services.
- ◆ Tuition or fees or transportation for a program that lasts more than thirty days in a fiscal year if more than half of the participants are persons with disabilities as defined by the ADA).

*IMPORTANT NOTE: Since Supported Living cannot fund a service which is obtainable from another program for which an applicant qualifies, documentation that the service requested is not obtainable from another program should be attached to the application as appropriate.*

## ELIGIBILITY

Any 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 Hart-Supported Living. The person with a disability may be living with a family member, independently, or in a congregate setting and be eligible to **apply** for services. If the individual is living in a congregate setting such as an institution, nursing home or group home, the requested Hart-Supported Living grant must be for a living situation that is consistent with Hart-Supported Living principles.

The Hart-Supported Living statute uses the definition of disability found in the Americans with Disabilities Act. A person with a disability means someone with a physical or mental impairment that *substantially* limits a major life activity such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

## SUBMITTING YOUR APPLICATION

**The deadline for submitting a complete application to the Regional Hart-Supported Living Coordinator is APRIL 1<sup>ST</sup>.**

The application is for funding that may be available at the start of the next fiscal year, which begins on July 1<sup>ST</sup>. A copy of the application **MUST** be received in the office of the Regional Hart-Supported Living Coordinator by the end of business on April 1<sup>ST</sup>. (See list of Regional Coordinator addresses on page I of this application.) If April 1<sup>st</sup> falls on a

weekend day, then the application deadline is the following Monday. This is a firm deadline. An application received after April 1 will **not** be considered for the upcoming fiscal year.

Applications must be **complete** to be considered. Funding recommendations are made at the same time by the Review Team after all applications have been evaluated. It is not a 'first-come, first-served' process, so there is no advantage in submitting your application before other applications are submitted. However, when applications are submitted they are reviewed by the Regional Coordinator for completeness and compliance with instructions before they are evaluated by the Review Team. Submitting your application in the month prior to the deadline allows the Regional Coordinator time to review your application and request additional information from you, if necessary, to be submitted by the April 1 deadline.

If you were not previously awarded on-going funding, you must submit a new application for each fiscal year. Applications that were not funded are kept on file for possible funding only for the fiscal year for which they were submitted. There is no 'waiting list.'

This application packet is for both ongoing and one-time requests. Each applicant must complete the general section and then either the on-gong section, the one-time section or both and must complete the budget page(s) for on-going or one-time or both.

## **APPLICATION REVIEW PROCESS**

Applications are reviewed and evaluated by Review Teams. Completed applications will be reviewed and evaluated based on the following set of criteria:

### **Adherence to Principles of Supported Living**

Have the services been designed around the specific needs of the individual? Will the person be able to exercise choice and autonomy in this supported living arrangement? In whose name will housing arrangements be made? Are there people, in addition to the individual and paid staff, who are committed to supporting this arrangement over time? If funded, would the quality of life for the person with a disability be improved?

**Potential for Success** Has the applicant been clear as to why the funds are being requested and what will be done if granted the funds? Has the applicant identified a place to live? Are there additional resources available to this person? e.g. family, friends, other service providers who can support this situation?

### **Need**

Does the application show the person is planning ahead for his/her future? Is the applicant or family experiencing a crisis situation? Do the applicant's multiple disabilities create barriers to developing and sustaining supports over time?

### **Accountability**

Does the applicant have a viable service provider or is he/she or his/her family seemingly capable of managing the resources over time? Has the applicant demonstrated a reasonable effort to secure funds from other sources where appropriate and is the request reasonable?

### **Overall Purpose of the Application**

Will the Supported Living resources be used to promote a positive quality of life for the person with a disability or simply maintain the isolation and dependency of the person and his/her family?

# **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

1. **Complete the entire application;** applicants who do not answer all required questions and do not have completed budget page(s) will not be considered. Any required estimates or letters of justification must also be attached for the application to be complete.
2. Anyone, except a State Hart-Supported Living Council member, can provide assistance to you in completing this application. The Regional Hart-Supported Living Coordinator will provide assistance upon request. It is strongly recommended that you contact the Regional Coordinator for information about the application process. The Coordinator may also be able to let you know of other supports that may be available in your region.
3. The application may be written by the individual with a disability or by a family member or other on his or her behalf. If written by another, using language about the individual (“My son is . . .” “My sister has . . .”) is acceptable. It is not required that another person completing the application write as if he or she were the individual with the disability, although this is permitted. Remember that the plan for supports should be specific to the wants and needs of the individual and be person-centered.
4. If possible, avoid the use of proper names when answering questions. The application is reviewed by the Review Team Council without the first page and without any identifying names. Indicate relationships, rather than names (e.g. ‘brother’ rather than John Jones; ‘friend’ rather than Mary Smith).
5. Feel free to write a cover letter about yourself and to ask other people to write letters for you. These letters should all be sent in together with your application. The names in the letters will be blacked out.
6. If you intend to hire an agency to provide on-going supports, indicate this on the budget page.
7. If you intend to hire one or more individuals as employees to provide on-going supports, the budget page must include payroll taxes and worker’s compensation (if required).
  - Contact the Coordinator for assistance in understanding employer requirements and what must be requested. A Guidebook, *You Can Be the Boss*, is available.
  - Payroll expenses for an employee to be paid by employer:
    1. Social Security and Medicare (FICA) – 7.65% of gross wages
    2. Kentucky Unemployment – 2.7% of gross wages on first \$8000 per employee
    3. Federal Unemployment - .80 % of gross wages on first \$7000 per employee.
  - Employers must also withhold 7.65% from employee’s gross wages for FICA, but this amount will come from the gross wages budget item on the budget page and is not an additional budget item.

- Worker's Compensation insurance is required if you will have two or more full-time household employees (domestic servants). It is recommended no matter the number. Contact an insurance agent for a quote and include the annual cost as an on-going expense on the budget page.
  - Applicants may request a budget item to hire an accountant, fiscal intermediary, or individual with knowledge to assist in employer responsibilities. This could be a one-time expense if you will only need assistance in setting up or an on-going expense if on-going assistance will be required.
  - One-time requests for *equipment or therapies* will require: 1) a letter from a doctor or therapist to justify the request and 2) one estimate from the person or vendor you expect to provide the service. (If you are funded, additional estimates may be required). Attach the letter and the estimate to the application. Applications without the required letter and estimate cannot be considered.
8. One-time requests for *home modifications* will require: 1) a letter from a doctor or therapist documenting that the home modification requested is related to the applicant's disability and 2) one estimate from contractor or supplier you expect to provide the home modification or supplies. (If you are funded, additional estimates may be required.) Attach the letter and estimate to the application. Applications without the required letter and estimate cannot be considered.
  9. When appropriate, all applicants must provide documentation that the support or service requested is not available through another program for which the applicant qualifies (e.g. Medicare, Medicaid, private insurance, Vocational Rehabilitation, Supports for Community Living, Home and Community based waivers, IDEA, etc.)
  10. The application has three sections: general, on-going and one-time. Complete the general and then either the on-going or the one-time, or both. Complete the on-going budget page and/or the one-time budget page.
  11. The Review Team will assess your application based on the information submitted in the application. Make sure you include all the information that you want the Team to take into consideration.
  12. To submit your application: Remove the instructions so the Checklist/Cover Page is on the front. Use the Checklist to make sure your application is complete. Mail or deliver the application to the office of the Regional Coordinator. If you fax an application, you must also mail a signed copy of the first page of the original application. The fax must be received by April 1 and the copy must be mailed by April 1. If an application is submitted electronically, you must also mail a signed copy of the first page.

## SAMPLE BUDGET PAGES

This is a sample budget page for on-going expenses. It is a sample only. The applicant must develop an individualized budget and research costs for the specific supports requested.

A ON-GOING SUPPORT	B AGENCY OR INDIVIDUAL PROVIDER?	C NUMBER OF HOURS PER WEEK	D COST PER HOUR	E COST PER WEEK (C X D)	F COST PER YEAR (E X 52)
Community Resource Developer (CRD)	2 Individuals	20	\$10.00	\$200.00	\$10,400.00
Payroll taxes & empl. Insur. (gross wages X .1115)				22.30	1,159.60
Transportation: 100mi/wk at .32 per mi. for CRD				32.00	1,664.00
Worker's Comp Insur.					250.00
CPA – For tax preparation					500.00
<b>TOTAL REQUESTED FOR ON-GOING COSTS</b>					<b>\$ 13,973.60</b>

This is a sample budget page for one-time expenses. Amounts should be based on estimates received from the contractor or supplier expected to supply the support.

ONE-TIME EXPENSES (e.g. equipment, home modifications)	NAME OF SUPPLIER OR/ CONTRACTOR ON ESTIMATE	TOTAL COST
Ramp for front door	AAA Builders	\$1000.00
<b>TOTAL REQUESTED FOR ONE-TIME EXPENSES</b>		<b>\$ 1000.00</b>

**THIS IS A SAMPLE ONLY**

# COVER PAGE AND CHECKLIST

After you have completed your application and have all the attachments, use this cover page and checklist to make sure your application is complete. Applications that are not complete cannot be considered.

- ALL REQUIRED QUESTIONS HAVE BEEN ANSWERED.
- BUDGET PAGE(S) FOR EITHER ON-GOING SUPPORTS, ONE-TIME SUPPORTS OR BOTH ARE COMPLETED.
- IF EMPLOYEES WILL BE HIRED: EMPLOYMENT TAXES AND EMPLOYMENT RELATED EXPENSES HAVE BEEN INCLUDED ON THE BUDGET PAGE.
- IF ONE-TIME SUPPORTS HAVE BEEN REQUESTED: ONE ESTIMATE HAS BEEN ATTACHED FOR EACH REQUEST
- IF EQUIPMENT OR THERAPY HAS BEEN REQUESTED: A LETTER FROM A DOCTOR OR THERAPIST JUSTIFYING THE REQUEST IS ATTACHED.
- IF A HOME MODIFICATION S REQUESTED: A LETTER FROM A DOCTOR OR THERAPIST AS TO HOW THE MODIFICATION RELATES TO THE PERSON'S DISABILITY IS ATTACHED.
- IF A CURRENT RECIPIENT IS REQUESTING ADDITIONAL FUNDS: A COPY OF THE CURRENT PLAN IS ATTACHED.

Mail, deliver or send your completed application to the office of the Regional Coordinator where you reside or wish to reside if you are funded. Make sure that your application is received no later than April 1.





**2. What kind of assistance or services do you receive now? Check all that apply**

\_\_\_ Social Security Disability (SSDI)  
\_\_\_ Medicare  
\_\_\_ Supplementary Security Income (SSI)  
\_\_\_ Medicaid (Medicaid # \_\_\_\_\_ )

\_\_\_ **FIRST STEPS EARLY INTERVENTION PROGRAM**  
Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_ **REGIONAL MR/DD PROGRAM (COMPREHENSIVE CARE CENTER)**  
Services Provided: \_\_\_ Support or Service Coordination  
Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
\_\_\_ Respite  
Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
\_\_\_ Other (specify) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_ **REGIONAL MENTAL HEALTH PROGRAM (COMPREHENSIVE CARE CENTER)**  
Service(s) Provided: \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_ **SUPPORTS FOR COMMUNITY LIVING WAIVER (SCL)**  
Services Provided: \_\_\_\_\_  
Case manager/Support Broker \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

\_\_\_ **PERSONAL CARE ATTENDANT PROGRAM** HOURS PER WEEK \_\_\_\_\_  
AGENCY \_\_\_\_\_  
Contact person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_ **HOME AND COMMUNITY BASED WAIVER**  
Services provided: \_\_\_\_\_  
Home health care agency \_\_\_\_\_  
Social Worker/Support Broker \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_ **DEPARTMENT OF VOCATIONAL REHABILITATION**  
Services provided \_\_\_\_\_  
Counselor \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

\_\_\_ **DEPARTMENT FOR THE BLIND**  
Services provided \_\_\_\_\_  
Counselor \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

\_\_\_ **PRE-SCHOOL OR SCHOOL SPECIAL EDUCATION**  
Related services \_\_\_\_\_  
Teacher \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

\_\_\_ **OTHER (AGE-RELATED SERVICES; BRAIN INJURY, ETC.)**  
AGENCY \_\_\_\_\_  
Services provided \_\_\_\_\_  
Contact person \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

\_\_\_ **PRIVATE INSURANCE** CARRIER \_\_\_\_\_  
Services (other than medical) \_\_\_\_\_





**7. What supports or services have you applied for but not received?** List any support or service that you have recently applied for and the status of your request (e.g. indicate if you were turned down and the reason, or if you were placed on a waiting list, etc.)

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**8. What assistance do you currently receive from family, friends or community members that helps you live in your home and in the community?**

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**9. In addition to those listed above, who would you need to provide assistance in making your Hart-Supported Living plan work?**

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- THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU PLAN TO MANAGE YOUR ON-GOING SUPPORTS IF YOU ARE FUNDED.
- THERE ARE QUESTIONS ABOUT HOW YOU WILL MANAGE EMPLOYER RESPONSIBILITIES IF YOU CHOOSE TO HIRE EMPLOYEES TO PROVIDE YOUR ON-GOING SUPPORTS. If you do not plan to hire your own employees, write "N/A."

**13. If funded, do you plan to purchase services through an agency or to hire employees to provide services? If you plan to hire an agency, also write the name and location of the agency.**

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**14. If you plan to hire people to work for you, how do you plan to hire the workers and how do you plan to arrange for the services that they will provide for you? Who will be responsible for hiring and arranging services?**

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**15. If you plan to hire people to work for you, how will you make sure that all employer legal requirements, including reporting, withholding and taxes, will be met? Who will be responsible and what experience does the person(s) have with employer responsibilities?**

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**COMPLETE THE BUDGET PAGE FOR ON-GOING SUPPORTS**

# SUPPORTED LIVING BUDGET PAGE

## ON-GOING EXPENSES

- Give a description of the on-going supports you are requesting and the dollar amount of the grant you are requesting to fund the supports.
- You are **required** to complete Columns A, B & F. Complete C, D & E, if applicable.

A ON-GOING SUPPORT	B AGENCY OR INDIVIDUAL PROVIDER?	C NUMBER OF HOURS PER WEEK	D COST PER HOUR	E COST PER WEEK (C X D)	F COST PER YEAR (E X 52)
<b>TOTAL GRANT REQUESTED FOR ON-GOING COSTS</b>					\$

### COMPLETING YOUR APPLICATION FOR ON-GOING SUPPORTS

- Attach any appropriate documentation.

**IF YOU ARE ALSO REQUESTING ONE-TIME SUPPORTS, COMPLETE THE NEXT SECTION**

- If you are requesting on-going supports **only**, complete the Cover Page/Checklist to make sure your application is complete and mail, deliver or send the completed application with Cover Page to the Regional Coordinator

**SECTION THREE:  
QUESTIONS FOR ONE-TIME SUPPORTS APPLICANTS**

**IF YOU ARE REQUESTING ONE-TIME SUPPORTS, INCLUDING START-UP GRANTS, ANSWER THE QUESTIONS BELOW IN THE SPACES PROVIDED. IF YOU NEED ADDITIONAL ROOM, ATTACH ADDITIONAL SHEETS OF PAPER.**

**16. One-time or start-up requests require one estimate from the contractor, supplier or vendor you expect to provide a service or support. List the name of the person or company supplying the estimate for each one-time support you are requesting.**  
[Attach the estimate(s) to application, along with any letters of support or justification.]

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**17. Are Home Modifications requested?** [check one]     NO     YES

If YES, answer the following questions:

(a) The home is [check one]  owned     rented

(b) If owned or rented, what is the relationship of the owner or renter to the applicant?

Self  
 Family: relationship \_\_\_\_\_  
 Other: relationship \_\_\_\_\_

(c) How is the modification related to the applicant's disability? [Attach statement from doctor or therapist]

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## SUPPORTED LIVING BUDGET PAGE

### ONE-TIME EXPENSES

Give a description of the Supported Living resources you need to live in your own home or with your family. See the sample budget pages in the instructions. Costs on the sample budget page are for example only. Put your actual costs based on estimates obtained from the contractor or the supplier you expect to provide the service.

ONE-TIME EXPENSES (e.g. equipment, home modifications)	NAME OF SUPPLIER OR CONTRACTOR ON ESTIMATE	TOTAL COST
<b>TOTAL REQUESTED FOR ONE-TIME EXPENSES</b>		\$

### COMPLETING YOUR APPLICATION FOR ONE-TIME SUPPORTS

- Attach any required estimates and statements from therapists or doctors.

### COMPLETING YOUR APPLICATION

Complete the Cover Page Checklist and mail, deliver or send your application to the Regional Supported Living Coordinator.