*HART-SUPPORTED LIVING*

# REQUEST FOR RENEWAL

*INFORMATION AND INSTRUCTIONS*

*All requests are due by February 1st of each year for funding available July 1st*

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

COVER PAGE [INFORMATION AND INSTRUCTIONS]

### REQUESTS 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 also the way you can ask 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 additional Sections. Based on what you have indicated, your Regional Coordinator may provide you with just the Sections you need to complete your request. But remember that you may always request additional sections if you decide that you do want to ask for changes or additional funding.

##### 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 an amendment or a request for an increase in the grant amount 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.)

Page 1 [INFORMATION AND INSTRUCTIONS]

* 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 needed 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 a region for the fiscal year. Every year, there are many, many more requests from current recipients for additional funding and applications for new supports than there is funding available. Funding recommendations will be made in this order:
1. ***Continuation funding of current ongoing recipients:*** So long as 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 not be in an amount larger than the recipient’s current grant amount.
2. ***Increased funding to keep current plans working:*** The next priority level will be any increase 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. It would not include an increase in the number of hours of a support, which would be considered as an addition to the plan.
3. ***Funding of new applicants and current recipients requesting enhanced funding.*** The final priority level will include all other requests for funding: that is all new applicants for ongoing or one-time supports and current recipients who are requesting new one-time supports or new additions to their current ongoing plans. Each application for new supports is reviewed based on the following criteria: Adherence to the Principles of Supported Living; Potential for Success; Need; Accountability and Overall Quality of the Application. Funding recommendations are made in this group only to the extent of available funding.

Page 2 [INFORMATION AND INSTRUCTIONS]

##### PLANNING YOUR REQUEST

When planning your request, there are four different things that you may request:

1. **CONTINUATION ONLY**: Keep your plan exactly the same, with the same supports and the same funding amounts for each support.
2. **AMENDMENT/SAME AMOUNT**: Change your plan using the funds currently approved. (Examples: Reduce the amount spent on one current support and add the funds to another current support; or, reduce or eliminate the funds for one support and use them for a new support).
3. **‘VIABILITY’ INCREASE**: Keep some or all of the supports in your plan the same, but ask for increased amounts for one or more supports **just** to keep your current plan working. (Examples: Ask for increased amount to give reasonable raise to support provider; or, ask for increased amount due to increase in Workers’ Compensation insurance.)
4. **NEW AND ADDITIONAL SUPPORTS**: Add supports or increase current supports. (Examples: Ask for increased funds to add to number of hours of a current support, or ask for funds for new supports, which could include a request for a one-time support.)

You may ask for any one of these or for a combination of options 2 or 3. Some examples of combining options:

* Recipient wants to move some of the funds currently used for ‘Transportation’ to ‘Recreation/Activity Fees’ [#2./ AMENDMENT] and also wants an increase to pay increased Worker’s Compensation insurance for a Personal Care Attendant [#3./ VIABILITY INCREASE]. *This recipient would complete and return Section One, Section Two and Section Three. The Proposed Plan attached to Section One would reflect all the changes and increases requested*.
* Recipient wants to move some of the funds currently used for ‘Recreation/Activity Fees’ to ‘Transportation’ [#2./ AMENDMENT] *This recipient would complete and return Section One and Section Two. The Proposed Plan in Section One would reflect the changes to the current plan.*

Page 3 [INFORMATION AND INSTRUCTIONS]

##### 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 asking for a change in how your current funds are used and/or asking for an increase just to keep your plan working, fill out the Proposed Plan in this Section *after* you have completed Section Two and/or Section Three.]

* **Section Two**: If you are requesting an amendment using current funds, you will also fill out Section Two.
* **Section Three**: If you are also requesting an increase just to keep your plan working, you will fill out Section Three.

**IMPORTANT NOTE**: **Preparing your *Proposed Plan***. Whether you choose to continue your plan exactly as it is or whether you also ask for Options 2 or 3 or for a combination, your Proposed Plan will include all changes and increases that relate to your current plan. The blank Proposed Plan is attached to Section One, but will be completed after Sections Two and Three are also completed. [The additional amounts you may request in Section Four will be on the budget pages of the new application.]

##### INFORMATION NEEDED FOR YOUR REQUEST

Your request for continuation or for amendment, for increases to keep your plan working and for increases to enhance your plan will be very carefully considered. Please remember that there is **no** requirement that these requests, especially for amendment or for increased funding, be approved for funding. Here are some suggestions about the information you should provide so your request(s) can be completely considered.

Continuation requests: These will be reviewed to determine if the current plan meets the principles of Hart-Supported Living, is needed by the recipient and is not duplicative of supports the recipient is entitled to receive from another program. Most plans should meet the principles since they were originally recommended on that basis. If a recipient has used an approved support, that is one indication of need. If you have not used a support, be prepared to explain why it is still needed even if not completely used. If you receive supports from other programs or, especially, if you have recently become eligible to received new supports from another program, explain how the new supports do not duplicate your Hart-Supported Living supports. If there is duplication, you may consider requesting an amendment to use the ‘freed-up’ funds for other non-duplicative supports.

Requests for Amendments: If you are asking for funds to be moved from one budget item to another, you will want to explain (1) why you need the increase or the new item and (2) why you no longer need the level of funding for the item(s) that will be reduced or eliminated. If you request an amendment that will change some of your funds from on- going to one-time, remember that the ‘one-time’ funds will be for use only in the fiscal year for which they are requested and will not be carried over into the next fiscal year fiscal year after the next one.

Page 4 [NFORMATION AND INSTRUCTIONS]

Requests for increases just to keep the current plan working: Be prepared to explain why the request for an increase is necessary just to keep the current plan working at the current levels of support and what would happen to the current supports if the funds are not increased.

Requests for increases to add new supports or increase supports: Requests for increases to increase current supports or to add new ones will be considered just as if they are requests for new supports. Be prepared to answer questions about these new or increased supports. You will complete a new application for these supports; the new application will be for only the increased or additional supports. When the application is evaluated, the Hart-Supported Living supports that are already being received will be considered just as any current support an applicant is already receiving.

Page 5 [INFORMATION AND INSTRUCTIONS]

##### NAME

*HART- SUPPORTED LIVING*

REQUEST

FOR

RENEWAL

*SECTION ONE*

*FOR* ***ALL*** *ONGOING RECIPIENTS*

FOR THE NEXT FISCAL YEAR, I AM REQUESTING:

***[CHECK* ALL *THAT APPLY]***

CONTINUATION OF CURRENT PLAN FOR NEXT FISCAL YEAR WITH ***NO CHANGES***

CONTINUATION OF CURRENT PLAN WITHIN CURRENT FUNDING, WITH ***AMENDMENTS***

CONTINUATION OF CURRENT PLAN WITH

***INCREASED AMOUNTS*** JUST TO KEEP CURRENT PLAN WORKING

#### CONTINUATION OF CURRENT PLAN WITH

***ADDITIONAL FUNDING*** TO ADD SUPPORTS OR INCREASE CURRENT SUPPORTS

ONGOING REQUEST/COVER PAGE

[Section One]

ID #

Assigned by Regional Coordinator

**HART-SUPPORTED LIVING REQUEST FOR RENEWAL**

### On-Going Recipients

Please provide all the following information to update records.

Please type or print in dark ink.

Name of Recipient Social Security #

Address City

County State Zip

Telephone (day) (evening)

(Area code) (Area code)

E- Mail address (optional)

E-mail address (optional)

(evening)

(Area code)

Telephone (day) (Area code)

Zip

City State

Parent(s)/guardian (if applicable)

Address

**CHECK ONE**

 Yes, I would like my name to be added or to be continued on the mailing list for information about Hart-Supported Living and the Hart-Supported Living newsletter

##### OR

 No, I do not want my name on the mailing list for information about Hart-Supported Living and the Hart-Supported Living Newsletter

I declare that the information contained in this application is true and I understand the Review Team can confirm this information in order to make a determination about funding my application.

Recipient signature Date

Parent or Guardian (if applicable) Date

Telephone (Day)

Relationship to Recipient

Date

Person Preparing Request (if other than recipient)

ONGOING REQUEST/ PAGE 1

[SECTION ONE]

SECTION ONE QUESTIONS

FOR ALL CURRENT ON-GOING RECIPIENTS

WRITE ‘YES’ OR ‘NO’ IN THE BOXES

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

If ***YES***, explain briefly 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?

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.

ONGOING REQUEST/ PAGE 2

[SECTION ONE]

1. Do you receive any supports from other programs and agencies?

If ***YES***, list **all** the other supports and who provides them. Do not include income support such as SSI or SSDI payments, but do include medical insurance such as Medicare and Medicaid. [A checklist of some other possible supports follows this question]\*

##### SUPPORT PROVIDER

\*OTHER AGENCIES AND SUPPORTS CHECKLIST (partial)

* *Medicaid or Medicare or Private Insurance*
* *Supports for Community Living Waiver (SCL)*
* *Home & Community Based Waiver (HCB)*
* *Home Health Agencies*
* *Brain Injury Trust Fund or Waiver (ABI) Services*
* *Office of Vocational Rehabilitation (OVR)*
* *Regional Comprehensive Care Center*
* *Pharmaceutical Company Indigent Programs*
* *Impact Plus*
* *Personal Care Attendant Program (PCAP)*
* *Centers for Independent Living*
* *School System/IDEA*
* *United Way*
* *Religious organization outreach programs*
* *Assistive Technology Loan Program*
* *Community Action*
* *Kentucky Housing Corporation*
* *Local Housing Authority*

ONGOING REQUEST/ PAGE 3

[SECTION ONE]

1. Have you lost any supports during this current fiscal year, either from other programs or from family, friends or other members of the community?

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If ***YES***, please explain.

1. Does your current Supported Living plan, along with the other natural, family and agency supports that you have, meet your needs so that you can live in and

participate in your community?

If ***NO***, explain what unmet needs you have.

ONGOING REQUEST/ PAGE 4

[SECTION ONE]

1. **(Optional)** Use this space to explain about how your plan is working and how you are participating in your community and about anything else you would like to have considered.

**IF YOU ARE REQUESTING THE CONTINUATION OF YOUR PLAN WITH NO CHANGES,**

**PLEASE SKIP THE REMAINING SECTIONS AND COMPLETE THE *PROPOSED PLAN* ATTACHED TO THIS SECTION.**

**THEN MAIL, SEND OR DELIVER *SECTION ONE* WITH THE ATTACHED PLAN TO THE REGIONAL COORDINATOR**

**NO LATER THAN APRIL 1.**

**IF YOU WANT TO CHANGE YOUR PLAN OR ASK FOR ADDITIONAL FUNDING, PLEASE CONTINUE WITH THIS FORM.**

**COMPLETE THE *PROPOSED PLAN* ONLY AFTER YOU HAVE FINISHED SECTION TWO AND/OR SECTION THREE**

ONGOING REQUEST/ PAGE 5

[SECTION ONE]

**PROPOSED PLAN FOR CONTINUATION OF SUPPORTS**

**Name ID# Address**

 **DOB**

**Phone SS# FY DATE Revised**

HART-SUPPORTED LIVING SERVICE PLAN

\*\*Any change in On-going Supports, One-time Supports or Approved Annual Costs requires advance approval for amendment by the Regional Coordinator or Review Team and a signed amended plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\*\*Approved Ongoing Support or Service And****Description** | **Provider of Support: Agency****Or Individual** | **A****Average****# of hours per week** | **B****Cost per Hour** | **C****Average Cost per Week****(A X B)** | **D****Average Cost per** Month**(E12)** | **E****\*\*Approved Annual Cost per Fiscal Year****(C X 52)** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| Total Annual Amount, this page |  |  |  |  |  |  |
| Total Annual from page 2 (if any) |  |  |  |  |  |  |
| **TOTAL ANNUAL ON-GOING** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **\*\*Approved One-Time****Expenses: per estimate\*****\*Estimate obtained and approved and made part of plan.** | Provider:**Contractor or Vendor** |  |  |  |  |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| TOTAL ONE-TIME EXPENSE**(Add totals from page 2, if any)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL PLAN: Total****Annual On-Going PLUS Total One-Time Expenses** |  |  |  |  |  |  |

**HART-SUPPORTED LIVING SERVICE PLAN**

**(Regulatory requirements in *italics*)**

**By signing below the recipient and the family or individual responsible for implementing the plan indicates an understanding of the following:**

1. Hart-Supported Living Grant program regulations require the following of the recipient:
	1. *Participate in the development of a supported living plan in coordination with the Hart- Supported Living Coordinator;*
	2. *Adhere to the supported living plan and request a plan amendment for a desired change.* An amendment that changes the approved supports or the approved annual amount must be requested in writing and approved by the Review Team or designee prior to funds being expended. A change in provider or number of hour per week or the hourly amount paid can be made by notifying the Hart-Supported Living Coordinator in writing;
	3. *Negotiate the services to be provided by a service- providing agency or an individual who provides services as an employee or independent contractor.*
2. Hart-Supported Living Grant program regulations require the following of a recipient who is an employer:
	1. *Be responsible for the computation, payment and reporting of payroll, withholdings, workers’ compensation, unemployment and actual payment of required withholdings ,workers’ compensation and taxes;.*
	2. *Establish terms of employment for an employee, to include time, duties and responsibilities. This shall be in the form of a signed agreement.*
	3. *Establish terms of employment for an independent contractor to include services to be provided and compensation. This shall be in the form of a signed agreement.*
3. It is the responsibility of the family or individual to recruit and hire individuals with an acceptable background, and to ensure that necessary training in areas pertinent to the individual is provided. An employee who transports a person receiving a Hart-Supported Living Grant must have a valid driver’s license and automobile insurance.
4. Hart-Supported Living Grant program Regulations require that a recipient *not sell or donate equipment or another item purchased with Hart-Supported Living funds without the written consent of the council.*
5. Hart-Supported Living Grant program regulations require that Hart-Supported Living Grant funds not be used for *equipment or service which is obtainable from another program for which the applicant qualifies.* If a recipient becomes eligible for supports or services from another source and the support is being funded by Hart-Supported Living Grant program, this must be reported immediately to the Hart-Supported Living Coordinator. Hart-Supported Living cannot reimburse funds for a duplicated service. An appropriate amended plan without duplicated supports can be developed and requested. It must be approved by the Review Team prior to implementation.
6. Termination of a Hart-Supported Living Grant: Hart-Supported Living Grant program regulations require that a grant **shall** be terminated if the recipient: *1) Does not use the funds in accordance with the principles and definition of Hart-Supported Living Grant program; 2) Does not comply with employer responsibilities; 3) Takes up residency outside of Kentucky; 4) Requests termination of the Hart-Supported Living Grant program; or 5) dies.*

**Documentation of Expenditure Forms**: Documentation of Expenditure forms with sufficient documentation attached to indicate that the service or support has been provided (or sufficient documentation alone) must be submitted to the Regional Coordinator within thirty days of incurring the expense.

**SIGNATURES**

 / / Recipient (or Guardian, if applicable) Date Family member or person responsible Date

For implementing plan

 / / Regional Coordinator Date Other (Title: ) Date

**PROPOSED PLAN FOR CONTINUATION OF SUPPORTS**

NAME

HART-SUPPORTED LIVING SERVICE PLAN ‘PAGE TWO’

ADDITIONAL APPROVED SUPPORTS AND SERVICES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\*\*Approved Ongoing Support or Service And****Description\*\*** | **Provider of Support: Agency****Or Individual** | **A****Average****# of hours per week** | **B****Cost per Hour** | **C****Average Cost per Week****(A X B)** | **D****Average Cost per** Month**(E12)** | **E****\*\*Approved Annual Cost per Fiscal Year****(C X 52)** |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| Total Annual Amount, this page**(add to page 1)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Approved One-Time****Expenses: per estimate****\*Estimate obtained and approved and made part of plan** | Provider:**Contractor or Vendor** |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| Total One-Time Expense, this page**(add to page 1)** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

If necessary, other additional pages can be added, with appropriate number changes.

##### NAME

*HART-SUPPORTED LIVING*

REQUEST FOR RENEWAL

*SECTION TWO*

*FOR RECIPIENTS REQUESTING AMENDMENT OF CURRENT FUNDING*

ONGOING REQUEST/COVERPAGE

[Section Two]

ID #

Assigned by Regional Coordinator

## SECTION TWO QUESTIONS

##### FOR RECIPIENTS REQUESTING CHANGES IN HOW CURRENT FUNDING IS USED

1. Describe what changes you would like to make with your current funding.
2. If you are asking to increase the budget amount for any current item, explain how much you want to add and why you need additional funds for that item(s).

ONGOING REQUEST/PAGE 2

[Section Two]

1. If you are asking to add a new budget item(s) using funds already in your plan, explain why you now need the new budget item(s) and how much each will cost. Be sure to add information about how the new budget item will assist in participating in the community. *(If the new budget item is for a one-time request, be sure to attach one estimate. If the new budget item is for equipment or therapy, be sure to also attach a letter from a doctor or therapist to justify the request.]*
2. For any budget item that you are asking to reduce or eliminate, explain by how much you will reduce the item and explain why you no longer need the budget item in the amount you originally requested.

ONGOING REQUEST/PAGE 3

[Section Two]

**IF YOU ARE REQUESTING THE CONTINUATION OF YOUR PLAN WITH THE AMENDMENTS ABOVE ONLY**

**(SO THAT YOUR TOTAL GRANT IS THE SAME AMOUNT AS LAST YEAR), PLEASE SKIP THE REMAINING SECTIONS**

**AND**

**COMPLETE THE PROPOSED PLAN ATTACHED TO SECTION ONE.**

**THE PROPOSED PLAN SHOULD INCLUDE YOUR REQUESTED AMENDMENTS.**

**THEN MAIL, SEND OR DELIVER *SECTION ONE*, WITH THE ATTACHED PLAN**

 **AND *SECTION TWO***

**TO THE REGIONAL COORDINATOR NO LATER THAN FEBRUARY 1.**

**IF YOU ALSO WANT TO ASK FOR ADDITIONAL FUNDING TO INCREASE YOUR TOTAL GRANT,**

**PLEASE CONTINUE WITH THIS FORM.**

**IF YOU ARE REQUESTING ADDITIONAL FUNDS JUST TO KEEP YOUR CURRENT PLAN WORKING, COMPLETE THE PROPOSED PLAN ONLY AFTER YOU HAVE FINISHED SECTION THREE**

ONGOING REQUEST/PAGE 4

[Section Two]

##### NAME

*HART-SUPPORTED LIVING*

REQUEST FOR RENEWAL

*SECTION THREE*

*FOR RECIPIENTS REQUESTING AN INCREASE*

*JUST TO MAINTAIN CURRENT PLAN*

ONGOING REQUEST/Cover Page

[Section Three]

ID #

Assigned by Regional Coordinator

## SECTION THREE QUESTIONS

##### FOR RECIPIENTS REQUESTING AN INCREASE TO KEEP CURRENT PLAN WORKING

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. Indicate the proposed increase by subtracting Total A from Total B:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. Current Plan** |  |  | **B. Proposed Plan** |  |
| Avg. # of hrs /wk |  |  | Avg. # of hrs/wk |  |
| Hourly rate |  |  | Hourly rate |  |
| Subtotal |  |  | Subtotal |  |
| + Taxes @ .1115 |  |  | + Taxes@ .1115 |  |
| **TOTAL A** |  |  | **TOTAL B** |  |

##### PROPOSED INCREASE IN PAY AND TAXES: (Total B - Total A) =

1. 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, residential rates etc. Then write the total increase that you are asking for these supports.

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

1. List any new support that you are requesting just to keep your plan working. Examples of new supports that might be needed to keep a plan working are employment taxes, accounting services, or Workers’ Compensation Insurance. Indicate the additional amount in your plan for the requested new support.

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

**TOTAL INCREASES FOR 1, 2 and/or 3 = $**

ONGOING REQUEST/PAGE 1

[Section Three]

1. For any support listed in 1, 2 or 3 above, explain why you need the support or the increase just to keep your current plan working at the current level of support. Explain what would happen with your plan if you did not receive the additional funding.

**COMPLETE THE PROPOSED PLAN IN SECTION ONE NOW**

**THE PROPOSED PLAN SHOULD INCLUDE THE ADDITIONAL FUNDS REQUESTED ABOVE TO MAINTAIN YOUR PLAN. IF YOU ASKED FOR AMENDMENTS TO YOUR PLAN, THE PROPOSED PLAN SHOULD ALSO INCLUDE THE REQUESTED AMENDMENTS.**

**IF YOU DO NOT WANT TO ALSO ASK FOR ADDITION AL FUNDS FOR NEW OR INCREASED SUPPORTS,**

**THEN MAIL, SEND OR DELIVER *SECTION ONE* AND *SECTION THREE***

**(AND *SECTION TWO*, IF YOU REQUESTED AN AMENDMENT) TO THE REGIONAL COORDINATOR**

**NO LATER THAN FEBRUARY 1.**

**IF YOU ALSO WANT TO ASK FOR ADDITIONAL FUNDS FOR NEW OR INCREASED SUPPORTS,**

**PLEASE CONTINUE WITH THIS FORM.**

ONGOING REQUEST/PAGE 2

[Section Three]