



**COMMUNITY SUPPORT GRANT  
FOR PERSONS WITH DISABILITIES**

Application for Fiscal Year 2016-17

**Checklist**

**IMPORTANT – PLEASE READ**

To qualify for a Community Support Grant for Persons with Disabilities, you must be a resident of New Trier Township. See the FAQs Sheet on pages 6-7 for other eligibility requirements.

Please make sure you have completed all the items in the following checklist ***BEFORE*** submitting your application for a Community Support Grant for Persons with Disabilities. Failure to provide all documentation, including the primary diagnostic codes (required), and certification of medical eligibility (required), will render applicant ineligible for the Grant.

**SUBMIT THE FOLLOWING DOCUMENTATION:**

- Community Support Grant for Persons with Disabilities Application
- DSM-5 or ICD-10 Diagnostic Codes (whichever is applicable)
- Certification of Eligibility completed by licensed health provider (required)

**POSTMARK  
DEADLINE:**

**January 13th,  
2017**

Mail your completed application and required documentation, with a postmark ***no later than*** January 13th, 2017 to:

**New Trier Township  
Attn: Community Support Grants Program  
739 Elm St  
Winnetka, IL 60093**



# COMMUNITY SUPPORT GRANT FOR PERSONS WITH DISABILITIES

Application for Fiscal Year 2016-17

## Applicant Information

NAME OF APPLICANT (person with disability)

CATEGORY:  Adult (18 and older)  Child (17 and younger)

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

OTHER PHONE

E-MAIL

## Parent or Guardian Information (IF APPLICABLE)

NAME OF PARENT OR GUARDIAN

ADDRESS (if different than above)

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

OTHER PHONE

E-MAIL

## Check Recipient

If approved, who should the check be made payable to:

Applicant  Parent or Guardian

**ALL CHECKS WILL BE ISSUED BY MARCH 31<sup>st</sup>, 2017.**



NEW TRIER TOWNSHIP

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**USAGE OF COMMUNITY SUPPORT GRANT:**

**Briefly describe how this funding will be used in meeting the applicant's and/or family's special needs. You may continue on back of page if necessary.**



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**Agreement**

*I certify that all the information supplied on this application is true and correct to the best of my knowledge.*

*I have read the FAQs Sheet incorporated as part of this application and I understand and agree to the terms and conditions of the community support grants program.*

*I understand that submitting this application is no guarantee that the funds will be awarded me.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (if applicable)

\_\_\_\_\_  
DATE

**HIPAA Release Authority**

**I intend and authorize the New Trier Township Social Services Administrator ("Administrator") to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. I authorize any physician, other health-care provider, insurance company, and health-care clearinghouse to give, disclose and release to the Administrator, without restriction, all of my individually identifiable health information and medical records regarding the past, present or future medical or mental health condition. The authority shall supersede any prior agreement that I may have made with my healthcare providers to restrict access to, or disclosure of, my individually identifiable health information. I further understand and agree that information disclosed pursuant to this authorization may be subject to disclosure in connection with my application for, or the award of, a grant.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (if applicable)

\_\_\_\_\_  
DATE



**COMMUNITY SUPPORT GRANT  
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**Certification of Eligibility**

**This form must be completed by a licensed health care provider to determine eligibility for the Community Support Grants Program. Upon completion, applicant should return this form, along with the application to New Trier Township. The application has to be postmarked no later than January 13<sup>th</sup>, 2017.**

**Dear Professional:**

Your patient/client is applying for the New Trier Township Community Support Grants Program for Persons with Disabilities. We require professional certification that the applicant is eligible. Under the program guidelines, individuals (children or adults) with the following disabilities, who are residents of New Trier Township, are eligible for a financial assistance program offered by New Trier Township:

- Autism Spectrum Disorders:** A disability with disturbances in social interactions, communication, imaginative activity, and activities and interests.
- Developmental and/or Cognitive Delay:** A developmental disability, which impairs adaptive behavior and daily functioning in varying degrees.
- Multiple Impairments:** (1) A developmental disability, which constitutes a substantial disability attributable to intellectual disability, cerebral palsy, epilepsy, autism or a similar condition, and is expected to continue indefinitely. (2) Multiple disabilities physical, sensory, behavioral or cognitive functioning, which constitute a severe or profound impairment. Development substantially less than expected for the age in cognitive, affective or psychomotor behavior.
- Physical Impairments:** Impairments such as, but not limited to, AVM rupture, epilepsy or other seizure disorders, hearing impairments, MI (heart), paralysis, TIA (stroke), and/or visual impairments.

PATIENT / CLIENT NAME

**DIAGNOSIS:** It is mandatory that you supply a written diagnosis and check the appropriate category above into which it falls.

**CODES:** It is mandatory that you provide DSM-5 or ICD-9 diagnostic codes, whichever is applicable:

DMS-5:

ICD-10:

PHYSICIAN / THERAPIST NAME

OFFICE PHONE

DATE PATIENT LAST SEEN

PROVIDER LICENSE #

OFFICE ADDRESS

CITY

STATE

ZIP

PHYSICIAN / THERAPIST SIGNATURE

DATE



## COMMUNITY SUPPORT GRANT FOR PERSONS WITH DISABILITIES

### Guidelines & FAQs

#### ✓ **What is the Community Support Grant Program for Persons with Disabilities?**

Most individuals with a disability live at home and are cared for by their families. Some of these individuals will require family support their entire lives. Their families make not only personal, but also great financial sacrifices to make this possible. This Township program provides financial assistance that helps in meeting some of the special service needs and unusual expenses related to a person with a disability. Each person selected will receive a grant up to \$1,500 based upon the number of applicants.

#### ✓ **Why Was The Program Created?**

New Trier Township government is committed to identifying and developing initiatives that will enhance the quality of life for residents, with a focus on youth, seniors, and persons with disabilities. The Township has had a strong history of funding service providers (i.e. social service agencies). As part of the Board of Trustees' strategic planning process, a strong desire developed to provide service on behalf of individuals. The Board has investigated the concept of "money following the person." With close to 9% of the Township's population identified in the 2000 U.S. Census as a person with a disability there is a measurable market opportunity. In order to have significant impact it was determined the program would cover a wide range of services.

#### ✓ **Who Is Eligible**

Individuals, children or adults, with the following disabilities, are eligible:

- **Autism Spectrum Disorders:** A disability with disturbances in social interactions, communication, imaginative activity, and activities and interests.
- **Developmental and/or Cognitive Delay:** A developmental disability, which impairs adaptive behavior and daily functioning in varying degrees.
- **Multiple Impairments:** (1) A developmental disability, which constitutes a substantial disability attributable to intellectual disability, cerebral palsy, epilepsy, autism or a similar condition, and is expected to continue indefinitely. (2) Multiple disabilities physical, sensory, behavioral or cognitive functioning, which constitute a severe or profound impairment. Development substantially less than expected for the age in cognitive, affective or psychomotor behavior.
- **Physical Impairments:** Impairments such as, but not limited to, AVM rupture, epilepsy or other seizure disorders, hearing impairments, MI (heart), paralysis, TIA (stroke), and/or visual impairments.

#### ✓ **Residency Requirements**

All applicants must be a resident of New Trier Township.

❖ Children must:

- Live with a biological, adoptive or foster parent, or
- Live with a legal guardian.

❖ Adults may:

- Live full-time in their own home or apartment, or
- Live in a private home with a relative or guardian, or
- Live together with as many as three unrelated adults



## COMMUNITY SUPPORT GRANT FOR PERSONS WITH DISABILITIES

### Guidelines & FAQs

#### ✓ **Additional Eligibility Considerations**

- **A Licensed health care provider will be required to complete the Certification of Eligibility that appears on Page 5 of the application.**

#### ✓ **What Services/Expenses Are Covered By The Program**

For children, services might include but are not limited to:

- Respite care
- Child care
- Therapy services
- Medical expenses
- Family counseling
- Modifications to make their home more accessible
- Special vehicle or other equipment.

For adults, services might include, but are not limited to:

- Home health services
- Personal care services (help with dressing, etc.)
- Training and assistance in self-care (help with learning how to dress, cook meals, etc.)
- Habilitation and rehabilitation services
- Services related to finding a job, or supported employment
- Respite care
- Crisis and/or Case Management Services
- Purchase medicine, nutritional supplements or adaptive equipment
- Modifications to make their home more accessible.

#### ✓ **How Will The Program Be Administered?**

Interested persons will be asked to fill out an application form that can be obtained by calling or visiting the Township office, or downloaded from the Township website. Applications must be submitted to the Township office by January 13th, 2017 before 5:00 pm, or postmarked no later than January 13, 2017. All participants will be notified by mail by February 28th, 2017.

#### ✓ **Who Will Administer The Program?**

New Trier Township Social Services.

#### ✓ **How Do I Apply?**

- Download an application at the New Trier Township website: [www.newtriertownship.com](http://www.newtriertownship.com) (PLEASE NOTE THAT THIS FORM CANNOT BE FILLED OUT ONLINE).
- Call New Trier Township at 847-446-8202 and request an application.
- Visit the New Trier Township Office at 739 Elm Street, Winnetka, IL and pick up an application: Monday - Friday, 9:00am - 5:00pm.

#### ✓ **What Is The Deadline For Submitting An Application?**

- Applications must be postmarked no later than January 13th, 2017.