



**New Trier Township  
Community Support Grants for Persons with Disabilities  
FY2012 Application**

**Application Deadline: December 30, 2011**

**Applicant Information**

Name (person with disability)		<input type="checkbox"/> Adult (18 and older)
		<input type="checkbox"/> Child (17 and younger)
Address		
City	Zip Code	
Phone	Email	
Cell Phone	Other Phone	
Name of parent or guardian (if applicable)		
Address (if different than applicant)		
City	Zip Code	
Phone	Email	
Cell Phone	Other Phone	
Diagnosis (Please provide DSM-IV diagnostic code)		
Please check all services that apply:		
<input type="checkbox"/> Client of Community Alternatives Unlimited		
<input type="checkbox"/> Enrolled in High School Transitional Program		
<input type="checkbox"/> Receive federal Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)		
<input type="checkbox"/> Other _____		
<b>Please note that by checking other a physician or licensed therapist must certify your eligibility by completing the "Certification of Eligibility" form found on page 3 of this application.</b>		

Briefly describe how this funding will be used in meeting the applicant's/family's special needs.

Recipient are selected through a random drawing, if selected who should the check be made payable to:

Applicant

Parent/Guardian

I declare that the information above is true. I have read the Fact 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Checklist

Before submitting your application, use this handy checklist to make certain you have included ALL the required documentation.

Completed and Signed Application     Certification of Eligibility (if required)

Mail your completed application and signed certification of eligibility (if required) with a postmark of no later than December 30, 2011 to:

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

**Please note: Failure to fully complete and provide certification of medical eligibility (if required) will render applicant ineligible.**

***ALL CHECKS WILL BE ISSUED NO LATER THAN MARCH 31, 2012. New Trier Township will issue a Form 1099 to all grant recipients but expresses no opinion on whether the grant is taxable income. Please consult your CPA, accountant, attorney or tax advisor if you have any questions.***

## Certification of Eligibility

*(This form must be completed by a physician or licensed therapist to determine eligibility for the Community Support Grants Program. Upon completion, applicant should return this form, with the application, to New Trier Township to be postmarked no later than December 30, 2011)*

**Dear Professional,**

Your patient/client is applying for the New Trier Township Community Support Grants Program. 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.
- Mental Disorders - A primary diagnosis according to DSM-IV diagnostic codes including, but not limited to schizophrenia, delusional disorder, schizoaffective disorder, bipolar affective disorder, atypical psychosis or major depression (recurrent). Functioning substantially impaired in areas such as self-maintenance, social functioning, activities of community living or work skills.
- Physical Impairments - An AVM rupture, epilepsy or other seizure disorders, hearing impairments, MI (heart), paralysis, TIA (stroke), and/or visual impairments.

Patient/Client Name		
Physician/Therapist Name	Phone	
Office Address		
City	Zip Code	
Diagnosis (Please provide DSM-IV diagnostic code)		Date last seen
Physician/Therapist Signature	Provider License #	Date