



Ohio County Family Resource Network

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Tips for filling out the West Virginia Family and Community Support Application

In order to process your application in a timely manner, please be sure to complete the entire application.

. Please note, Family and Community Support funding is to be accessed as a LAST RESORT.

Applicant name: Name of person with the intellectual/ developmental disability

Date of Birth: of the person with the intellectual/developmental disability

Phone number: Where can the parent/guardian be reached by phone

E-mail: Email contact for parent/guardian

Date: Today's date

Own or Rent: List whether you own or rent your home

Did someone help you: Unless the person with the disability is completing their own application, the answer is YES! Typically, a parent/guardian completes the application.

What is the relationship to the applicant: List who you are to the person with a disability:
Mother/Father/Guardian etc.

List the name and contact information of the person who is helping to complete the application.

Have you applied before: Yes or No answer

Race: Please list ethnicity of the person with a disability

Hispanic/Latino: Yes or No answer

What is the intellectual/developmental disability? PLEASE NOTE MEDICAL DOCUMENTATION IS REQUIRED. This is where you will list diagnosis (ex: autism, intellectual impairment, etc)

In the next section, you'll check the supports and services you have for the person with a disability. If you're not sure, put a question mark next to the specific items Also: for the line "Intellectual/Developmental Disabilities Waiver", if you receive OR are on the wait list, put a check mark. Then indicate yes or no to the question "Are you on the wait list."

Requests for Services and Supports:

What services/supports are you requesting: Please be specific about what you are asking for.

What is the full cost? You will write the full cost of the service/support. You must attach 2 estimates from different vendors. Your application CANNOT be processed without the estimates.

Indicate what your family can contribute: If you are able to pay a portion of the full cost, list the amount here. Please do not put 'money if needed', put the amount you can contribute. This should never be left blank. If you are willing to pick up the item from the store, do the labor involved with the request, etc, you would list it here.

Was this submitted to your insurance: In the case of diapers, nutritional supplements, and other medical type requests, a request should be submitted to your insurance. In the next box you will indicate whether or not the request was approved or denied and below that, how much they agreed to cover or if denied, why. You will need to provide proof of denial. If the request is not related to medical/home health, write N/A in the first box on page 3.

Please list resources you have explored: Again, Family and Community Support is funding of last resort. If you are requesting something that is covered by another organization, we will refer you to that organization first. You will also need to provide a denial from those organizations. You must note if you have fundraised, received help

from friends/family members for the cost, whether you negotiated for better pricing or tried to get the good/service donated.

Please describe how the funding will benefit your family: Take a moment to think about how the person with a disability will benefit from what you are requesting. **DO NOT LEAVE THIS SECTION BLANK.**

Please read the following statements and initial that you have read and understand them.

The person filling out the application (parent/guardian) must initial each line. This should not be initialed by a service coordinator, a teacher or any other person.

At the top of page 4, it says “Third Parties that may be contacted”: For this line, you may want to include people such as a service coordinator, speech therapist, teacher, or any person who may be able to provide information to assist us with the processing of your application.

Signature: The person with a disability would sign the first line, date and print name (when appropriate).

The person assisting with the completion of the application would sign, date and print on the second line.

Once your application is complete, make sure you include proof of diagnosis and 2 estimates!

If you have any questions, please call Jami at (304) 232-5600 or email OCFRNoffice@yahoo.com

The family support council meets monthly to review **completed** applications.