

## SERVICE LIMITS

### Region 1 Family and Community Support

Region 1 serves persons with disabilities living in Brooke, Hancock, Ohio, Marshall, and Wetzel counties.

The Family and Community Support Council meet every month and may decide to fully fund, partially fund, or deny funding of applications.

Criteria for qualification to receive Family and Community Support funds:

1. The applicant must have a developmental or intellectual disability diagnosed and documented by a medical professional.
2. The applicant must live in their natural home.

**These funds should be used as a last resort and should not be depended on for annual expenses.**

**The applicant must demonstrate that the need cannot and has not been met through other resources.**

**Applicants can apply for items not listed within these service limits.**

**Requests that exceed the service limit amounts will still be considered by the council under special circumstances justified by the individual needs of the applicant.**

General rules and requirements:

1. We do not reimburse for an expense of any kind, including items purchased with a credit card.
2. Two estimates are required for an application to be considered. Most applications for services (such as medical bills, dental, or vision expenses, etc.) will only require one estimate.
3. Proof of diagnosis is required for an application to be considered. Priority will be given to applicants on the waiting list or those not eligible for Title 19 Waiver. This is a requirement of the grant per WV DHHR.
4. Only one application per applicant each grant year (July-June). Second applications will be considered at the end of the grant year if funds are available.

Service Limits:

1. **Adaptive Equipment- mobility equipment, fine and gross motor devices, sensory items, recreation equipment, pools, etc.** 1a- Items that are used 50% of the time: Up to \$1,000.00. 1b- Items that are used 100% of the time: Up to \$2,500.00. Must include insurance denial letter if applicable. Letter from physician or physical/occupational therapist required.
2. **Attendant Care- respite care, childcare, home-maker services, adult companion, Project Lifesaver, etc.** Up to \$1,000.00. Letter from physician or physical/occupational therapist required.

3. **Environmental Accessibility- vehicle modifications, home modifications, ramps, various lifts, entry way modifications, etc.** Up to \$2,000.00. Modifications cannot be made on rental property. The need must be directly related, with justification, to the needs of the person with the disability. Some home modifications may be covered under Environmental Accessibility in the budget of Title 19 applicants. If applicant currently receives Title 19 services, then please check with the service coordinator before applying for Family Support. Letter from physician or physical/occupational therapist required.
4. **Essential Well-Being- food, clothing, specialized nutrition, personal hygiene items, diapers/pads/liners, etc.** Up to \$1,000. Must include insurance denial letter if applicable. Letter from physician or physical/occupational therapist may be required.
5. **Housing Maintenance- utility assistance, mortgage/rent assistance, home related repairs, furniture replacement, appliance repair/replacement, fencing, generators, etc.** Up to \$2,000.00.
  - a. Exceptions: Utilities (Up to \$500.00, must have proof of denial from other resources), mattresses (Up to \$600.00)
  - b. Requests that benefit the entire family (ex: roof, AC Units, Appliances, etc.) may be funded according to how many people live in the home. Example: if a request for a roof repair is for \$6,000.00 and 6 people live in the house then the council may only fund 1/6 of the full cost, which would be \$1,000.00. **Please include the number of people living in the house when making requests for funding.**
  - c. Generators will be considered if they are needed for medical reasons. Letter from physician or physical/occupational therapist may be required.
6. **Integrated Activities- camp fees, social interaction opportunities (ex: dance classes, karate lessons, swim lessons, etc.), musical lessons, etc.** Up to \$500.00. If private lessons are included in request, the cost difference is parent's/caregiver's responsibility.
7. **Medical Related- vision, dental, medical bills, etc.** Must include insurance denial letter and documentation from provider stating a payment plan is not available.
  - a. Vision Estimates- Up to \$800.00
  - b. Dental Estimates- Up to \$900.00
  - c. Medical bills- Up to \$1,000.00. Estimates are welcome. Decision is at Council's discretion.
8. **Therapy/Training- ABA therapy, occupational therapy, physical therapy, speech therapy, etc.** Up to \$1,000.00. Must include insurance denial letter and letter from physician or physical/occupational therapist.
9. **Transportation- bus passes/transportation fees, fuel cards, vehicle repairs, travel expenses to hospital, etc.** Up to \$500.00. Only travel expenses for medical purposes will be considered by the council. The council is not able to purchase vehicles.
10. **Electronics, Communication- computers, iPads/tablets, communication apps, etc.** Must include letter from a professional that explains how the technology will benefit the applicant.
  - a. Computers: Up to \$1,000.00. One device per applicant every 5 years.
  - b. iPads/Tablets: Up to \$500.00 for device and \$100.00 for protective case/cover. One device per applicant every 3 years.

Effective January 10, 2022