

KENTUCKY SUPPORTED LIVING GRANT APPLICATION

*All applications are due by April 1st of each year
For funding available July 1st*

Funding of any application is contingent upon
availability of funds

THIS PACKET IS FOR APPLICANTS REQUESTING
NEW
ON-GOING OR ONE-TIME GRANTS.

THIS DOCUMENT IS AVAILABLE IN ALTERNATE
FORMATS UPON REQUEST

REGIONAL SUPPORTED LIVING PROGRAMS AND COORDINATORS

Listed below are the fourteen Regional Boards that administer the Supported Living program. The counties served by each Regional Board are listed in *italics*. Find your county to locate the address, phone number and fax number for each Regional Supported Living Coordinator.

- You may contact the Regional Coordinator to request assistance in completing your application.
- You must submit your application to the Supported Living Coordinator in the region where you live or intend to live if funded.

Region I – Four Rivers

*Ballard, Callaway, Carlisle, Fulton
Graves, Hickman, Livingston,
McCracken, Marshall*
2850 Adams Street
Paducah KY 42001
Phone: (270) 442-5088
Fax: (270) 442-3268

Region II – Pennyroyal

*Caldwell, Christian, Crittenden,
Hopkins, Lyon, Muhlenberg, Todd, Trigg*
PO Box 614
Hopkinsville, KY 42241
Phone: (270) 885-1601
Fax: (270) 886-0392

Region III – River Valley

*Daviess, Hancock, Henderson,
McLean, Ohio, Union, Webster*
1100 Walnut Street
PO Box 1637
Owensboro KY 42302
Phone: (270) 689-6500 x6596
Fax: (270) 689-6677

Region IV – Lifeskills

*Allen, Barren, Butler, Edmonson,
Hart, Logan, Metcalfe, Monroe,*
PO Box 6499
Bowling Green KY 42102-6499
Phone: (270) 901-5000 x 1211
Fax: (270) 842-0054

Region V – Communicare

*Breckenridge, Grayson, Hardin,
Larue, Marion,
Meade, Nelson, Washington*
320 Ring Rd.
Elizabethtown KY 42701
Phone: (270) 769-3377 x 18
Fax: (270) 769-6974

Region VI - Seven Counties

*Bullitt, Henry, Jefferson, Oldham
Shelby, Spencer, Trimble*
3717 Taylorsville Rd
Louisville KY 40220
Phone: (502) 459-8221
Fax: (502) 459-8221

Region VII – North Key

*Boone, Campbell, Carroll, Gallatin,
Grant, Kenton, Owen, Pendleton*
1201 S. Ft. Thomas Ave.
Fort Thomas, KY 41075
Phone: (859) 781-5586
Fax: (859) 781-2171

Region VIII – Comprehend

*Bracken, Fleming, Lewis, Mason,
Robertson*
741 Kenton Station Rd
Maysville KY 41056
Phone: (606) 759-7161
Fax: (606) 759-4895

Region X - Pathways

*Boyd, Carter, Elliot, Greenup,
Lawrence, Bath, Miniffee,
Montgomery, Morgan, Rowan*
PO Box 790
Ashland KY 41105-0790
Phone: (606) 329-8588 x4072

Region XI - Mountain

*Floyd, Johnson, Magoffin,
Martin, Pike*
150 South Front St
Prestonsburg KY 41653
Phone: (606) 886-4363
Fax: (606) 886-8577

Region XII – Kentucky River

*Breathitt, Knott, Lee, Leslie,
Letcher, Owsley, Perry, Wolfe*
115 Rockwood Lane
Hazard KY 41701
Phone: (606) 436-5761 x7277
Fax: (606) 436-0400

Region XIII –

Cumberland River

*Bell, Clay, Harlan, Jackson, Know,
Laurel, Rockcastle, Whitley*
PO Box 568
Corbin KY 40702
Phone: (606) 528-7010
Fax: (606) 528-9623

Region XIV – Adanta

*Adair, Casey, Clinton, Cumberland,
Green, McCreary, Pulaski, Russell
Taylor, Wayne*
72 Southland Dr
Somerset KY 42501
Phone: (606) 679-4782 x 254
Fax: (606) 678-5296

Region XV – Bluegrass

*Anderson, Bourbon, Boyle, Clark,
Estill, Fayette, Franklin, Garrard,
Harrison, Jessamine, Lincoln
Madison, Mercer, Nicholas.*
Powell, Scott, Woodford
3161 Custer Dr.
Lexington KY 40517
Phone: (859) 272-7483 X246
Fax: (859) 272-9685

A BRIEF DESCRIPTION OF SUPPORTED LIVING

Supported Living is a program that is based on individually designed plans for support. These plans provide people with disabilities the help they need to live successfully in a home of their choice. The individual with a disability (and the people who support him or her) plan and design a set of services which meets the person's needs and is consistent with the principles of Supported Living. If the individual's request for funding is approved, then a Supported Living plan is developed and funds are available to implement the plan.

PRINCIPLES OF SUPPORTED LIVING

Kentucky Living was started in 1992 when the Kentucky Supported Living Statute was passed. This law defines Supported Living as a broad category of highly flexible, individualized services designed and coordinated to provide the necessary assistance to:

- Enable a person who is disabled to live in a home of the person's choice which is typical of those living arrangements in which persons without disabilities reside;
- Encourage the individual's participation in the community with persons who are members of the general citizenry;
- Promote the individual's rights and autonomy;
- Enhance the individual's skills and competency in living in the community;
- Enable the individual's acceptance in the community by promoting homeownership or leasing arrangements in the name of the individual or the individual's family or guardian.

The Statute also states that Supported Living does **not** include any living arrangement which:

- Physically or socially isolates people who are disabled from the general population;
- Does not allow adults with disabilities as much control over their living arrangements as they can manage; and
- Includes more than three unrelated people with disabilities living together.

SUPPORTED LIVING IS NOT . . .

- ❖ **NOT** a program where an eligible individual is enrolled, chooses services from a list of available supports and then has those services provided by employees of an agency. The supports and services received through Supported Living are designed and managed by the individual and those who support him or her. Managing the plan may include hiring employees to provide services or contracting for services.
- ❖ **NOT** an income support program. Supported Living does not provide funding for on-going living expenses such as mortgage or rent payments, utility bills, food costs, repairs unrelated to a person's disability, unpaid medical bills or health insurance premiums, or the purchase or rental of a vehicle.
- ❖ **NOT** an entitlement program. Whether an eligible application is funded depends upon the amount of funding available to a Region.

WHAT CAN BE REQUESTED?

Generally, an applicant can request supports that meet individual needs and are consistent with the principles of Supported Living. The supports requested should be based on an individualized, person-centered plan. There are two types of supports that can be requested: one-time only and on-going. One-time requests are for supports that are needed just one time. On-going requests are for supports that will continue to be needed. Applicants may request either one-time or on-going or both. The examples listed below do not include all possible requests. The application has sections for one-time and on-going requests.

EXAMPLES OF ONE-TIME ONLY REQUESTS:

ADAPTIVE AND THERAPUTIC EQUIPMENT: TTY/TTD modules, communication devices, Medicalert, specialized fire alarm, canine companion, assistive technology, etc. to help a person live in his/her own home or function more independently. A letter from a therapist or physician justifying the request will be required.

HOME MODIFICATIONS: architectural changes, ramps, widening doorways, accessibility/adaptions to bathrooms, etc. which need to be made to the residence to accommodate the individual's disability. There is a limit of \$2500 for rental property. The modification must be related to the person's disability. General repairs or maintenance not related to a person's disability (such as roof, gutters, water damage) cannot be funded. A letter from a therapist or physician will be required, if necessary, to show that the modification requested is related to the person's disability.

VEHICLE MODIFICATIONS: Lifts, carriers for chairs, hand controls. Supported Living will not fund a vehicle or vehicle rental.

START-UP GRANTS: a variety of one-time expenses related to living in a house or rental property in the community such as security deposit, down payment (maximum 10%), closing costs, purchase of furniture or equipment. Documentation to justify the request will be required. On-going rent or mortgage payments cannot be funded through Supported Living.

IMPORTANT NOTE: One-Time only requests will require the following documentation to be attached to your application as follows:

- 1. Letter from a therapist or physician justifying the request for equipment or therapy or to establish that the requested home modification is related to disability.*
- 2. One estimate from the person/vendor you expect to provide the service. (If the request is funded, additional estimates may be required at that time.)*
- 3. Any available documentation that the equipment, therapy or modification is not obtainable from another source, such as private insurance, Medicare or Medicaid or another program such as Vocational Rehabilitation, IDEA (special education).*

EXAMPLES OF ON-GOING REQUESTS:

ATTENDANT CARE/PERSONAL CARE/COMPANIONSHIP SERVICES: person to assist with feeding bathing, dressing, transferring, turning, repositioning, activities of daily living, ambulation, emergency procedures, fitness or appointments.

COMMUNITY RESOURCE DEVELOPER: person who coordinates and assists in helping a person to develop relationships, opportunities, networks, etc. in the community on an individualized basis which would possibly be sustained voluntarily over time, e.g. facilitation of person's participation in church or other religious organizations, civic associations, community organizations, personal hobbies, family activities, etc.

HOMEMAKER SERVICES: cooking, shopping, laundry, housekeeping and practical assistance in maintaining the recipient's household.

RESPIRE: person who can provide care for a person with a disability so the caregiver or provider can have a break.

RECREATION/LEISURE: person who provides assistance in going places in the community and participating in leisure activities.

LIVE-IN SUPPORT: person who provides support in areas of personal care, supervision (if needed) and home management on a live-in basis.

TRAINER IN HOME MANAGEMENT AND INDEPENDENT LIVING SKILLS: person who teaches and enhances skills and competencies in living in the community such as laundry, cooking, cleaning, budgeting, meal planning, shopping, etc.

SUPPORT BROKER OR PERSONAL AGENT: person who coordinates the plan, locates providers and related resources and provides oversight to plan implementation; may also facilitate person-centered planning team.

CONSULTATION: evaluation or assessment to enhance communication, accessibility, assistive technology needs or to assist in resolving difficult situations or behavioral challenges; can include person-centered planning by an independent and trained facilitator.

TRANSPORTATION: can include the cost of hiring a person to provide transportation to work or community activities; can also include mileage or cost reimbursement for a person providing transportation or reimbursement for the cost of alternate transportation such as taxis, or specialized bus or van services. It does not include the purchase or rental of a vehicle or transportation to programs primarily for persons with disabilities.

EMPLOYMENT RELATED EXPENSES: If the applicant plans to hire individuals to provide services, a request for sufficient funds to pay employer taxes, workers' compensation and to pay an accountant or individual with experience to assist in managing employment can be made.

***IMPORTANT NOTE:** Since Supported Living cannot fund a service which is obtainable from another program for which an applicant qualifies, any available documentation that the service requested is not obtainable from another program should be attached to the application.*

WHAT CANNOT BE REQUESTED?

Supported Living regulations provide that a Supported Living grant shall **not** be used for:

- ◆ On-going rent or mortgage payments
- ◆ Payment of a medical insurance premium or unpaid medical bills
- ◆ Supplementation of wages for staff in other publicly-funded programs
- ◆ Modifications costing over \$2500 to rental property
- ◆ A home improvement not related to the person's disability
- ◆ Rental of a vehicle for more than thirty days in a fiscal year
- ◆ Purchase of a vehicle
- ◆ Living arrangements that include more than three people with disabilities (unless all are related legally or biologically as a family unit)
- ◆ Equipment or service which is obtainable from another program for which the applicant qualifies. Supported Living cannot be used for duplication of services.
- ◆ Tuition or fees or transportation for a program that lasts more than thirty days in a fiscal year if more than half of the participants are persons with disabilities (segregated programs).

ELIGIBILITY

Any person with a disability who is a resident of Kentucky or whose family or guardian is a resident of Kentucky is eligible to apply for Supported Living. The person with a disability may be living with a family member, independently, or in a congregate setting and be eligible to **apply** for services. If the individual is living in a congregate setting such as an institution, nursing home or group home, the requested Supported Living plan must be for a living situation that is consistent with Supported Living principles.

The Supported Living statute uses the definition of disability found in the Americans with Disabilities Act. A person with a disability means someone with a physical or mental impairment that *substantially* limits a major life activity such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

SUBMITTING YOUR APPLICATION

The deadline for submitting a complete applications to the Regional Supported Living Coordinator is APRIL 1ST.

The application is for funding that may be available at the start of the next fiscal year, which begins on July 1ST. A copy of the application **MUST** be received in the office of the Regional Supported Living Coordinator by the end of business on April 1ST. (See list of Regional Coordinator addresses on page I of this application.) If April 1ST falls on a weekend day, then the application deadline is the following Monday. This is a firm deadline. An application received after April 1 will not be considered for the upcoming fiscal year.

Applications must be **complete** to be considered. Funding recommendations are made at the same time by the Regional Council after all applications have been evaluated. It is not a 'first-come, first-served' process, so there is no advantage in submitting your application before other applications are submitted. However, all applications are reviewed by the Regional Coordinators for completeness and compliance with instructions before they are evaluated by the Council. Submitting your application prior to the deadline allows the Regional Coordinator time to review your application and request additional information from you, if necessary, by the April 1 deadline.

If you were not previously awarded on-going funding, you must submit a new application for each fiscal year. Applications that were not funded are kept on file for possible funding only for the fiscal year for which they were submitted. There is no 'waiting list.'

This application packet is for both ongoing and one-time requests. Each applicant must complete the general section and then either the on-gong section, the one-time section or both and must complete the budget page(s) for on-going or one-time or both.

APPLICATION REVIEW PROCESS

Applications are reviewed and evaluated by the Regional Supported Living Council. Regional Councils are made up of eight volunteers appointed by the Governor for three-year terms. Three members represent family members of people with disabilities, one represents family member of a person with a disability who resides in an ICF/MR facility, two are individuals with disabilities, one represents professionals and providers and one represents advocates. Council meetings are subject to the Open Records law, but can be closed when decisions about specific individuals are being made.

Completed applications will be reviewed and evaluated against the following set of criteria:

Adherence to Principles of Supported Living (36%)

Have the services been designed around the specific needs of the individual? Will the person be able to exercise choice and autonomy in this supported living arrangement? In whose name will housing arrangements be made? Are there people, in addition to the individual and paid staff, who are committed to supporting this arrangement over time? If funded, would the quality of life for the person with a disability be improved?

Potential for Success (24%)

Has the applicant been clear as to why the funds are being requested and what will be done if granted the funds? Has the applicant identified a place to live? Are there additional resources available to this person? e.g. family, friends, other service providers who can support this situation?

Need (18%)

Does the application show the person is planning ahead for his/her future? Is the applicant and/or family experiencing a crisis situation? Does the applicant's multiple disabilities create barriers to developing and sustaining supports over time?

Accountability (12%)

Does the applicant have a viable service provider or is he/she or his/her family seemingly capable of managing the resources over time? Has the applicant demonstrated a reasonable effort to secure funds from other sources where appropriate and is the request reasonable?

Overall Quality of the Application (10%)

Will the Supported Living resources be used to promote a positive quality of life for the person with a disability or simply maintain the isolation and dependency of the person and his/her family?

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. **Complete the entire application;** applicants who do not answer all required questions and do not have completed budget page(s) will not be considered.
2. Anyone, except a Regional or State Supported Living Council member, can provide assistance to you in completing this application. The Regional Supported Living Coordinator will provide assistance upon request. It is strongly recommended that you contact the Regional Coordinator for information about the application process. The Coordinator may also be able to let you know of other supports that may be available in your region.
3. The application may be written by the individual with a disability or by a family member or other on his or her behalf. If written by another, using language about the individual (“He is . . .” “ She has . . .”) is acceptable. It is not required that another person completing the application write as if he or she were the individual with the disability, although this is permitted. Remember that the plan for supports should be specific to the wants and needs of the individual and be person-centered.
4. If possible, avoid the use of proper names when answering questions. The application is reviewed by the Regional Council without the first page and with any identifying names eliminated. Indicate relationships, rather than names (e.g. ‘brother, rather than John Jones; ‘friend’ rather than Mary Smith).
5. Feel free to write a cover letter about yourself and to ask other people to write letters for you. These letters should all be sent in together with your application. The names in the letters which identify the applicant will be eliminated.
6. If you intend to hire an agency to provide on-going supports, indicate this on the budget page.

7. If you intend to hire one or more individuals as employees to provide on-going supports, the budget page must include payroll taxes and worker's compensation (if required).
 - Use SS-8 to determine work status (employee vs. independent contractor) if unsure. An individual who provides services in the home under the direction of the employer is usually a household employee.
 - Payroll expenses for employee to be paid by employer:
 1. Social Security and Medicare (FICA) – 7.65% of gross wages
 2. Kentucky Unemployment – 2.7% of gross wages on first \$8000 per employee
 3. Federal Unemployment - .80 % of gross wages on first \$7000 per employee.
 - Employers must also withhold 7.65% from employee's gross wages for FICA, but this amount will come from the gross wages budget item on the budget page and is not an additional budget item.
 - Worker's Compensation insurance is required if you will have two or more full-time household employees (domestic servants). It is recommended no matter the number. Contact an insurance agent for a quote and include the annual cost as an on-going expense on the budget page.
 - Applicants may request a budget item to hire an accountant, CPA, or individual with knowledge to assist in employer responsibilities. This could be an one-time expense if only assistance in setting up is needed or an on-going expense if on-going assistance will be required.
8. One-time requests for *equipment or therapies* will require: 1) a letter from a doctor or therapist to justify the request and 2) one estimate from the person or vendor you expect to provide the service. (If you are funded, additional estimates may be required). Attach the letter and the estimate to the application. Applications without the required letter and estimate cannot be considered.
9. One-time requests for *home modifications*, will require: 1) a letter from a doctor or therapist documenting that the home modification requested is related to the applicant's disability and 2) one estimate from contractor or supplier you expect to provide the home modification or supplies. (If you are funded, additional estimates may be required.) Attach the letter and estimate to the application. Applications without the required letter and estimate cannot be considered.
10. When available, all applicants should provide documentation that the support or service requested is not available through another program for which the applicant qualifies (e.g. Medicare, Medicaid, private insurance, Vocational Rehabilitation, Supports for Community Living, Brain Injury or Home and Community based waivers, or IDEA, etc.)
11. The application has three sections: general, on-going and one-time. Complete the general section and then either the on-going or the one-time, or both. Complete the on-going budget page and/or the one-time budget page.

12. The Council will assess your application based only on the information submitted in the application. Make sure you include all the information that you want the Council to take into consideration.
13. To submit your application: Remove the instructions so the Checklist/Cover Page is on the front. Use the Checklist to make sure your application is complete. Mail or deliver the application to the office of the Regional Coordinator.

SAMPLE BUDGET PAGES

This is a sample budget page for on-going expenses. It is a sample only. The applicant must develop an individualized budget and research costs for the specific supports requested.

ONGOING EXPENSES	A NUMBER OF HOURS PER WEEK	B AGENCY OR INDIVIDUAL PROVIDER?	C COST PER HOUR	D COST PER WEEK (A X B)	E COST PER YEAR (C X 52)
Community Resource Developer (CRD)	20	2 Individuals	\$10.00	\$200.00	\$10,400.00
Payroll taxes & empl. Insur. (gross wages X .1115)				22.30	1,159.60
Transportation:100mi/wk at .32 per mi. for CRD				32.00	1,664.00
Worker's Comp Insur.					250.00
TOTAL REQUESTED FOR ON-GOING COSTS					\$ 13,473.60

This is a sample budget page for one-time expenses. Amounts should be based on estimates received from the contractor or supplier expected to supply the support.

ONE-TIME EXPENSES (e.g. equipment, home modifications)	NAME OF SUPPLIER OR/ CONTRACTOR ON ESTIMATE	TOTAL COST
Ramp for front door	AAA Builders	\$1000.00
TOTAL REQUESTED FOR ONE-TIME EXPENSES		\$ 1000.00

THIS IS A SAMPLE ONLY

COVER PAGE AND CHECKLIST

After you have completed your application and have all the attachments, use this cover page and checklist to make sure your application is complete. Applications that are not complete cannot be considered.

- ALL REQUIRED QUESTIONS HAVE BEEN ANSWERED.
- BUDGET PAGE(S) FOR EITHER ON-GOING SUPPORTS, ONE-TIME SUPPORTS OR BOTH ARE COMPLETED.
- IF EMPLOYEES WILL BE HIRED: EMPLOYMENT TAXES AND EMPLOYMENT RELATED EXPENSES HAVE BEEN INCLUDED ON THE BUDGET PAGE.
- IF ONE TIME SUPPORTS HAVE BEEN REQUESTED: ONE ESTIMATE HAS BEEN ATTACHED FOR EACH REQUEST
- IF EQUIPMENT OR THERAPY HAVE BEEN REQUESTED: A LETTER FROM A DOCTOR OR THERAPIST JUSTIFYING THE REQUEST IS ATTACHED.
- IF A HOME MODIFICATION IS REQUESTED: A LETTER FROM A DOCTOR OR THERAPIST AS TO HOW THE MODIFICATION RELATES TO THE PERSON'S DISABILITY IS ATTACHED.

Mail or deliver your completed application to the office of the Regional Coordinator where you reside or wish to reside if you are funded. Make sure that your application is received in the office no later than April 1.

WHAT KIND OF ASSISTANCE OR SERVICES DO YOU RECEIVE NOW?
Check all that apply

___ Social Security Disability (SSDI)
___ Medicare
___ Supplementary Security Income (SSI)
___ Medicaid (Medicaid # _____)

___ **FIRST STEPS EARLY INTERVENTION PROGRAM**
Contact Person _____ Telephone (____) _____

___ **REGIONAL MR/DD PROGRAM (COMPREHENSIVE CARE CENTER)**
Services Provided: ___ Support or Service Coordination
Contact Person _____ Telephone (____) _____
___ Respite
Contact Person _____ Telephone (____) _____
___ Other (specify) _____
Contact Person _____ Telephone (____) _____

___ **REGIONAL MENTAL HEALTH PROGRAM (COMPREHENSIVE CARE CENTER)**
Service(s) Provided: _____
Contact Person _____ Telephone (____) _____

___ **SUPPORTS FOR COMMUNITY LIVING WAIVER (SCL)**
Services Provided: _____
Support Coordination Provider _____ Telephone(____) _____

___ **PERSONAL CARE ATTENDANT PROGRAM** HOURS PER WEEK _____
AGENCY _____
Contact person _____ Telephone (____) _____

___ **HOME AND COMMUNITY BASED WAIVER**
Services provided: _____
Home health care agency _____
Social Worker _____ Telephone (____) _____

___ **DEPARTMENT OF VOCATIONAL REHABILITATION**
Services provided _____
Counselor _____ Telephone(____) _____

___ **DEPARTMENT FOR THE BLIND**
Services provided _____
Counselor _____ Telephone(____) _____

___ **PRE-SCHOOL OR SCHOOL SPECIAL EDUCATION**
Related services _____
Teacher _____ Telephone(____) _____

___ **OTHER (AGE-RELATED SERVICES; BRAIN INJURY, ETC.)**
AGENCY _____
Services provided _____
Contact person _____ Telephone(____) _____

___ **PRIVATE INSURANCE** CARRIER _____
Services other than medical _____

4. If funded, do you plan to purchase services through an agency or to hire employees to provide services? Describe.

5. If funded, who will manage the funds and implement the Supported Living plan? Also, include those who will be involved in making sure that what you want to happen will happen with these funds. (Do not use proper names. Indicate relationship such as mother, friend, minister, etc.)

6. What skills and experience does the person or organization have who will manage these funds? If you plan to be an employer, what skills and experience does the person or agency have in managing employer requirements?

SUPPORTED LIVING BUDGET PAGE

ON-GOING EXPENSES

Give a description of the Supported Living on-going resources you need to live in your own home or with your family. See attached sample budget pages. Costs on the sample budget page are for example only. Put your actual calculated costs on your budget page. You may need to research costs.

ON-GOING EXPENSES	A NUMBER OF HOURS PER WEEK	B AGENCY OR INDIVIDUAL PROVIDER?	C COST PER HOUR	D COST PER WEEK (A X C)	E COST PER YEAR (D X 52)
TOTAL REQUESTED FOR ON-GOING COSTS					\$

COMPLETING YOUR APPLICATION FOR ON-GOING SUPPORTS

- Attach any available documentation concerning duplication of services.

IF YOU ARE ALSO REQUESTING ONE-TIME SUPPORTS, COMPLETE THE NEXT SECTION

- If you are requesting on-going supports **only**, complete the Cover Page/Checklist and mail or deliver to the Regional Coordinator

SUPPORTED LIVING BUDGET PAGE

ONE-TIME EXPENSES

Give a description of the Supported Living resources you need to live in your own home or with your family. See attached sample budget pages. Costs on the sample budget page are for example only. Put your actual costs based on estimates obtained from the contractor or supplier you expect to provide the service.

ONE-TIME EXPENSES (e.g. equipment, home modifications)	NAME OF SUPPLIER OR CONTRACTOR ON ESTIMATE	TOTAL COST
TOTAL REQUESTED FOR ONE-TIME EXPENSES		\$

COMPLETING YOUR APPLICATION FOR ONE-TIME SUPPORTS

- Attach any required estimates and statements from therapists or doctors.

COMPLETING YOUR APPLICATION

- Complete the Cover Page Checklist and mail or deliver your application to the Regional Supported Living Coordinator.