

Hart-Supported Living Application Important Information Sheet

Completed applications are due April 1st to your Regional Coordinator

It is highly recommended you submit your application to your Regional Coordinator by March 1st.

If your application is received early, the Regional Coordinator will have time to review and suggest changes to strengthen your application and ensure the application is complete.

Incomplete applications will not be scored.

If you submit your application to your Regional Coordinator on April 1st, it is unlikely your Regional Coordinator will be able to review it for completeness.

REMEMBER TO INCLUDE:

- A completed income eligibility form and proof of income.
 - Proof of deductions and expenses.

- For One-Time Requests:
 - Letter, on official **LETTERHEAD**, **not a prescription pad**, from a doctor or therapist explaining the need for the service and how it is related to the disability.
 - A detailed estimate, including any tax, shipping, delivery, labor, and installation.
 - The contractor completing the modifications must carry liability insurance.

HART-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

A BRIEF DESCRIPTION OF HART-SUPPORTED LIVING

Hart-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 recommended, then a Supported Living plan is developed and funds are granted to implement the plan.

PRINCIPLES OF HART-SUPPORTED LIVING

This law defines Hart-Supported Living as "grants which provide a broad category of highly flexible, individualized services which, when combined with natural unpaid or other eligible paid supports" provide the necessary assistance for the individual to live in the community. The statute requires that the Hart-Supported Living program promote:

- **Choice** over how, when, and by whom supports are provided and over where and with whom a person with a disability lives;
- **Responsibility** of the person with a disability and his or her representative for managing grants and the provision of service under the grant;
- **Freedom** to live a meaningful life and to participate in the community with members of the general citizenry;
- Enhancement of **health and safety**;
- **Flexibility** of services that change as the person's needs change without the individual having to move elsewhere for services;
- Use of **generic options** and **natural supports**;
- Well-planned and proactive **opportunities to determine** the kinds and amounts of support desired, with the meaningful participation of the individual, the individual's family or guardian where appropriate, friends, and professionals;
- **Home ownership or leasing** with the home belonging to the person with a disability, that person's family, or to a landlord to whom rent is paid.

HART-SUPPORTED LIVING IS 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 Hart-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 with an agency for services.
- ❖ 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.
- ❖ An entitlement program. Whether an eligible application is funded depends upon the amount of funding available.

The Statute also states that Hart-Supported Living does **not** include any services that:

- 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; or
- Includes more than three unrelated people with disabilities living together.

WHAT CAN BE REQUESTED?

Generally, an applicant can request a grant for supports that meet individual needs and are consistent with the principles of Hart-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 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 REQUESTS:

ADAPTIVE AND THERAPUTIC EQUIPMENT: TTY/TTD modules, communication devices, Medic alert, specialized fire alarm, service animal, 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, windows, and water damage) cannot be funded. A letter from a therapist, physician, physician's assistant, or nurse practitioner 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. Hart-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, utility deposits, purchase of furniture, appliances or equipment up to \$2000. Documentation to justify the request will be required. On-going rent or mortgage payments cannot be funded through the Hart-Supported Living Grant program.

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

- 1. Letter from a therapist, physician, physician's assistant, or nurse practitioner 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 or vendor you expect to provide the service. (If the request is funded, additional estimates may be required at that time.)*
- 3. 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:

PERSONAL CARE 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.

WHAT CANNOT BE REQUESTED?

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

- ◆ On-going rent or mortgage payments;
- ◆ Payment of a recipient's or employee's medical insurance premium regardless of insurance type or unpaid medical bills;
- ◆ Supplementation of wages for staff in other publicly-funded programs;
- ◆ Modifications costing over \$2500 to rental property;
- ◆ Modifications of rental property without written permission from the property owner;
- ◆ 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;
- ◆ Supports or services for individuals in living arrangements that include more than three people with disabilities;
- ◆ Equipment or service which is obtainable from another program for which the applicant qualifies. Hart-Supported Living cannot be used for duplication of services;
- ◆ Tuition or fees or transportation for a program or activity where the majority of the participants are individuals with disabilities (as defined by the ADA).

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

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 Hart-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 Hart-Supported Living grant must be for a living situation that is consistent with Hart-Supported Living principles.

The Hart-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 application to the *Regional Hart-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 Hart-Supported Living Coordinator by the end of business on April 1ST. 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 Review Team 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, when applications are submitted they are reviewed by the Regional Coordinator for completeness and compliance with instructions before they are evaluated by the Review Team. Submitting your application in the month prior to the deadline allows the Regional Coordinator time to review your application and request additional information from you, if necessary, to be submitted 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-going 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 Review Teams. Completed applications will be reviewed and evaluated based on the following set of criteria:

Adherence to Principles of Supported Living

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 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

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

Accountability

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 Purpose of the Application

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. Any required estimates or letters of justification must also be attached for the application to be complete.
2. Anyone, except a State Hart-Supported Living Council member, can provide assistance to you in completing this application. The Regional Hart-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, a family member, or another individual on his or her behalf. If written by another, using language about the individual ("My son is . . ." "My sister 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 Review Team Council without the first page and without any identifying names. 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 will be blacked out.
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).
 - Contact the Coordinator for assistance in understanding employer requirements and what must be requested. You may need to contact an accountant or other professional for guidance on calculating payroll tax
 - Worker's Compensation insurance is required if you will have two or more fulltime 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, fiscal intermediary, or individual with knowledge to assist in employer responsibilities. This could be a one-time expense if you will only need assistance in setting up or an on-going expense if on-going assistance will be required.
 - One-time requests for *equipment or therapies* will require: 1) a letter from a Doctor, physician's assistant, nurse practitioner, 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.
8. One-time requests for *home modifications* will require: 1) a letter from a doctor, physician's assistant, nurse practitioner, 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.
 9. When appropriate, all applicants must 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, Home and Community based waivers, IDEA, etc.)
 10. Submit a copy of each member of the household's income. This can be accomplished by submitting either: 1) Each member's most recent year's income tax returns disclosing the adjusted gross income; 2) Each member's past three (3) months' pay stubs; or 3) Any other official verification of income for the past year.
 11. The application has three sections: general, on-going and one-time. Complete the general 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 Review Team will assess your application based on the information submitted in the application. Make sure you include all the information that you want the Team 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, email or hand deliver the application to the office of the Regional Coordinator. If you fax, or email an application, you must also mail a signed copy of the first page of the original application. The fax, or email must be received by April 1 and the signed copy must be mailed with postmark by April 1.

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.

A ON-GOING SUPPORT	B AGENCY OR INDIVIDUAL PROVIDER?	C NUMBER OF HOURS PER WEEK	D COST PER HOUR	E COST PER WEEK (C X D)	F COST PER YEAR (E X 52)
Community Resource Developer (CRD)	2 Individuals	20	\$10.00	\$200.00	\$10,400.00
Payroll taxes & umpl. 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
CPA – For tax preparation					500.00
TOTAL REQUESTED FOR ON-GOING COSTS					\$ 13,973.60

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

Name of Applicant

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 HAS 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.
- IF A CURRENT RECIPIENT IS REQUESTING ADDITIONAL FUNDS: A COPY OF THE CURRENT PLAN IS ATTACHED.
- INCOME VERIFICATION IS ATTACHED.

Mail, deliver or send 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 no later than April 1.

H-SL Application Revised 9/14

ID# _____
(assigned by Regional Coordinator)

HART-SUPPORTED LIVING APPLICATION

Please provide all the following information.
You may print or type your answers. If you print, please use dark ink.

Name of person requesting Supported Living funds _____		Date of Birth _____
Social Security # _____		
Address _____		City _____
County _____	State _____	Zip _____
Telephone (day) _____ (area code)		(evening) _____ (area code)
E-mail address (optional) _____		
Parent(s)/guardian (if applicable) _____		
Address _____		
City _____		State _____ Zip _____
Telephone (day) _____ (area code)		(evening) _____ (area code)

_____ Yes, I would like my name added to the mailing list for information about Hart-Supported Living and the Hart-Supported Living newsletter.

I declare that the information contained in this application is true and I understand the Hart-Supported Living Review Team can confirm this information in order to make a determination about funding my application.

_____ Your Signature	_____ Date
_____ Parent or Guardian (if applicable)	_____ Date

_____ Person Preparing Application (other than applicant)	_____ Date
_____ Relationship to Applicant	_____ Telephone

ID# _____
(assigned by Regional Coordinator)

Social Security # _____
Date of Birth _____
M _____ F _____

SECTION ONE: GENERAL QUESTIONS FOR <i>ALL</i> APPLICANTS

**ANSWER THE QUESTIONS BELOW IN THE SPACES PROVIDED. IF YOU NEED
ADDITIONAL ROOM, ATTACH ADDITIONAL SHEETS OF PAPER.**

APPLICANTS WHO DO NOT ANSWER ALL REQUIRED QUESTIONS
CANNOT BE CONSIDERED FOR FUNDING.

- 1. Describe (a) your disability and (b) how it affects your life. [This question will show that you are eligible for Hart-Supported Living because you have a physical or mental impairment that substantially limits a major life activity. You may also include information that explains why you are applying for a grant.]**

(A) DISABILITY –

(B) HOW IT AFFECTS YOUR LIFE –

2. 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)
Services Provided: _____
Contact Person _____ Telephone () _____

SUPPORTS FOR COMMUNITY LIVING WAIVER (SCL)
Services Provided _____
Case manager/Support Broker _____ 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/Support Broker _____ 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) _____

- THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU PLAN TO MANAGE YOUR ON-GOING SUPPORTS IF YOU ARE FUNDED.
- THERE ARE QUESTIONS ABOUT HOW YOU WILL MANAGE EMPLOYER RESPONSIBILITIES IF YOU CHOOSE TO HIRE EMPLOYEES TO PROVIDE YOUR ON-GOING SUPPORTS. If you do not plan to hire your own employees, write "N/A."

13. If funded, do you plan to purchase services through an agency or to hire employees to provide services? If you plan to hire an agency, also write the name and location of the agency.

14. If you plan to hire people to work for you, how do you plan to hire the workers and how do you plan to arrange for the services that they will provide for you? Who will be responsible for hiring and arranging services?

15. If you plan to hire people to work for you, how will you make sure that all employer legal requirements, including reporting, withholding and taxes, will be met? Who will be responsible and what experience does the person(s) have with employer responsibilities?

COMPLETE THE BUDGET PAGE FOR ON-GOING SUPPORTS

SUPPORTED LIVING BUDGET PAGE

ON-GOING EXPENSES

- Give a description of the on-going supports you are requesting and the dollar amount of the grant you are requesting to fund the supports.
- You are **required** to complete Columns A, B & F. Complete C, D & E, if applicable.

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

COMPLETING YOUR APPLICATION FOR ON-GOING SUPPORTS

- Attach any appropriate documentation.

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 to make sure your application is complete and mail, deliver or send the completed application with Cover Page to the Regional Coordinator

**SECTION THREE:
QUESTIONS FOR ONE-TIME SUPPORTS APPLICANTS**

IF YOU ARE REQUESTING ONE-TIME SUPPORTS, INCLUDING START-UP GRANTS, ANSWER THE QUESTIONS BELOW IN THE SPACES PROVIDED. IF YOU NEED ADDITIONAL ROOM, ATTACH ADDITIONAL SHEETS OF PAPER.

16. One-time or start-up requests require one estimate from the contractor, supplier or vendor you expect to provide a service or support. List the name of the person or company supplying the estimate for each one-time support you are requesting. [Attach the estimate(s) to application, along with any letters of support or justification.]

-

-

-

-

17. Are Home Modifications requested? [check one] _____ NO _____ YES
If YES, answer the following questions:

(a) The home is [check one] _____ owned _____ rented

(b) If owned or rented, what is the relationship of the owner or renter to the applicant?
_____ Self
_____ Family: relationship _____
_____ Other: relationship _____

(c) How is the modification related to the applicant's disability? [Attach statement from doctor, physician's assistant, nurse practitioner, or therapist]

-

-

-

-

COMPLETE THE BUDGET PAGE FOR ONE-TIME SUPPORTS

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 the sample budget pages in the instructions. Costs on the sample budget page are for example only. Put your actual costs based on estimates obtained from the contractor or the 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, deliver or send your application to the Regional Supported Living Coordinator.

HSL Deduction Form

Updated 4/17/2023

Those w/exempt services, SSI, or SSDI are a family of 1

Name:

Family Size

Family Annual Adjusted Gross Income

Eligibility Requirement Amount

Disability Related Expenses

Available Income

Amount of Allowable Deductions

Date:	HSL Application Number
<input type="checkbox"/> Update	
\$0.00	
\$0.00	
\$0.00	Total Available Income
\$0.00	\$0.00

Family Size	300% Poverty Scale
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680
For each additional person add \$15,420	

Disability Related Services/Expenses *Proof of deductions and expenses to be submitted with form.*

Physical Restoration (Office visits, lab work, prescriptions):	
Health Insurance Premiums and Deductibles/Out-of-Pocket Medical Expenses	
Medical Devices and Equipment (glasses, prosthetics, etc.):	
Attendant Care/Personal Care Expenses:	
Transportation:	
Mental Restoration Services (therapy, counseling):	
Medical Supplies:	
Other (to be explained):	
Cost of a vehicle modification expenses:	

\$0.00

HSL Deduction Worksheet Instructions

1. Populate the date field.
2. Populate the HSL Application number, which is provided by your HSL Coordinator.
3. If you are updating this form from a previously submitted form, please check the update box.
4. Populate the applicant's name in the column below the update box.
5. For Family Size, please populate the column with the number of total household members whose income is being counted. **NOTE:** If the applicant receives SSI or SSDI, the applicant is considered a household of 1.

Based on the number of people in the household, the Eligibility Requirement Amount will auto-populate from the Poverty Guideline Table. If the resulting amount, after the excluded amount is subtracted from the total income, is less than 0, you do not need to complete anything further.

6. Populate the Family Adjusted Gross Income amount. Once populated, the Available Income and Total Available Income fields will populate.
 - a. If the amount is greater than \$0 and there are no Disability Related Expenses, then that is the amount that the consumer can reasonably contribute toward services.
 - b. If the amount is greater than \$0 and there are Disability Related Expenses, please continue further instructions below.
7. If the applicant has any Disability Related Expenses, please key those expenses in the appropriate columns, and the form will total those expenses.
8. Once the Disability Related Expenses are entered, the Available Income and Total Available Income Fields will auto-populate. If the Total Available Income is above \$0, the applicant is not financially eligible for the HSL program.

SEE BELOW FOR EXAMPLES

HSL Deduction Form Examples

Example 1:

John Doe lives in a household composed of himself and his wife. John Doe does not receive SSI or SSDI, therefore he is a household of 2. John Doe has an annual gross income of \$62,000.00. John Doe's Eligibility Requirement Amount is \$59,160.00 and his Available Income is \$2,840.00, which is above \$0. If this alone were considered, John Doe would not be eligible for HSL.

However, John Doe has Disability Related Expenses that count as deductions from his income as follows: lab work and prescriptions totaling \$100 annually; a medical device that requires maintenance of \$50 annually; health insurance co-pays totaling \$100 annually; medical supplies totaling \$100 annually; and a vehicle modification that cost him \$7,000. John Doe's Disability Related Expenses total \$7,350.00

The Disability Related Expenses brings John Doe's Total Available Income to -(\$4,510.00), which is below \$0; therefore Mr. Doe is financially eligible for HSL.

It should be noted that without the \$7,000 vehicle modification, John Doe would not be eligible. Therefore, if he applies next year, he may not qualify.

HSL Deduction Form		
Updated 4/17/2023		Date: April 1, 2023
Those w/exempt services, SSI, or SSDI are a family of 1		HSL Application Number
Name: John Doe		<input type="checkbox"/> Update
Family Size	2	
Family Annual Adjusted Gross Income	\$62,000.00	
Eligibility Requirement Amount	\$59,160.00	
Disability Related Expenses	\$7,350.00	
Available Income	-\$4,510.00	Total Available Income
Amount of Allowable Deductions	\$7,350.00	-\$4,510.00
Family Size	300% Poverty Scale	
1	\$43,740	
2	\$59,160	
3	\$74,580	
4	\$90,000	
5	\$105,420	
6	\$120,840	
7	\$136,260	
8	\$151,680	
For each additional person add \$15,420		
Disability Related Services/Expenses		
<i>Proof of deductions and expenses to be submitted with form.</i>		
Physical Restoration (Office visits, lab work, prescriptions):		\$100.00
Health Insurance Premiums and Deductibles/Out-of-Pocket Medical Expenses		\$100.00
Medical Devices and Equipment (glasses, prosthetics, etc.):		\$50.00
Attendant Care/Personal Care Expenses:		
Transportation:		
Mental Restoration Services (therapy, counseling):		
Medical Supplies:		\$100.00
Other (to be explained):		
Cost of a vehicle modification expenses:		\$7,000.00
		\$7,350.00

Example 2

Jane Doe has 3 people in her household. The household members combined income totals \$82,000. Jane Doe's HSL Eligibility Requirement amount would be \$7,420. This alone will not qualify Jane for HSL services.

Jane Doe has Disability Related Expenses totaling \$1,500 annually.

The Disability Related Expenses bring Jane Doe's Total Available Income to \$5,920.00. Since this number is above \$0, Jane is not eligible for HSL services.

HSL Deduction Form		Date: April 1, 2023	HSL Application Number
Updated 4/17/2023		<input type="checkbox"/> Update	
Those w/exempt services, SSI, or SSDI are a family of 1		Jane Doe	
Name:			
Family Size		3	
Family Annual Adjusted Gross Income		\$82,000.00	
Eligibility Requirement Amount		\$74,580.00	
Disability Related Expenses		\$1,500.00	
Available Income		\$5,920.00	Total Available Income
Amount of Allowable Deductions		\$1,500.00	\$5,920.00
Family Size	300% Poverty Scale		
1	\$43,740		
2	\$59,160		
3	\$74,580		
4	\$90,000		
5	\$105,420		
6	\$120,840		
7	\$136,260		
8	\$151,680		
For each additional person add \$15,420			

Disability Related Services/Expenses	<i>Proof of deductions and expenses to be submitted with form.</i>
Physical Restoration (Office visits, lab work, prescriptions):	
Health Insurance Premiums and Deductibles/Out-of-Pocket Medical Expenses	\$1,500.00
Medical Devices and Equipment (glasses, prosthetics, etc.):	
Attendant Care/Personal Care Expenses:	
Transportation:	
Mental Restoration Services (therapy, counseling):	
Medical Supplies:	
Other (to be explained):	
Cost of a vehicle modification expenses:	
	\$1,500.00