

Wildwood Programs
Family Reimbursement Grant Program
2019

Wildwood Programs has been granted funds through the New York State Office for People with Developmental Disabilities to support families financially with purchasing supports/services via our Family Reimbursement Grant Program. Any request must clearly contribute to the health and wellbeing of the individual for whom the request is being made.

Applicants must be OPWDD eligible. Only families living in the following counties are eligible for our program: Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington.

Please note that individuals living independently, or living in residential settings are not eligible for reimbursement funds.

Families completing the application process may be eligible for reimbursement of respite care, medical expenses not covered by insurance, educational materials, sensory items, communication devices or iPads, social skills groups, summer camp, music lessons, conference fees, etc. Family Reimbursement is considered a funding of “last resort” and other options must be explored first. A Reimbursement Review Committee comprised of parents has been established to review all requests and determine awards to families.

The funding for this program is limited, and first come first serve. We cannot guarantee that requests will be approved. This is not a guaranteed service and should you find that your need is ongoing, please work with your care manager to find a more permanent solution.

Attached you will find an application for 2019. Please complete the application electronically to reduce the likely hood of mistakes. All applications must be **filled in completely**; failure to do so will result in a lack of consideration. If you are requesting funds for a particular item, a written estimate must be included. A family may only apply for this grant once per calendar year.

The Committee schedule for 2019 is as follows;

Applications received by 4pm on March 18th will be reviewed March 19th.

Applications received by 4pm on June 17th will be reviewed June 18th.

Applications received by 4pm on September 9th will be reviewed on September 10th.

All awarded funds must be used by 12/31/19. If you have any questions please feel free to call me at 518-640-3315 or email me at HGiorgianni@wildwoodprograms.org.

Best Wishes,



Heather F. Giorgianni, MAT
Coordinator Family Reimbursement

WILDWOOD PROGRAMS
Family Reimbursement Grant Application
2019

Name of individual in need of support: _____

Age: _____ Date of Birth: _____ Gender: _____ TABS #: _____

Social Security #: _____ Medicaid #: _____

Name of Parent(s)/Caregiver(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone #: (____) _____ Email: _____

Name of Care Manager: _____

CCO: _____ Phone #: _____

E-mail: _____

Nature of Individual's Disability: **(please indicate all that apply)**

- Intellectual Disability Neurological Impairment Autism
 Cerebral Palsy Seizure Disorder Developmental Delay
 Other (Please Specify) _____

Please indicate the OPWDD/Waiver services you are currently receiving:

- Day Habilitation Community Habilitation Respite Care Coordination
 Self Direction: In process or Launch Date: _____

Complete the following checklist before submission:

- Letter of Eligibility from OPWDD must accompany this request**
 Receipt for pre-purchased item(s) if requested
 Family member lives at home with parent(s)/caregiver(s)
 Self-Direction budget attached if applicable – FSS funds must be allocated to Wildwood
 Application signed by parent/caregiver

<i>Administrative Use Only</i>		<i>Client #</i> _____
<i>Program Name: Reimbursement #4102</i>		
<i>Approval Date:</i> _____	<i>Approved/ Amount:</i> _____	<i>Denied</i> _____ <i>Reason</i> _____
<i>Contact made with family:</i>	<i>Letter:</i> _____	<i>Phone Call:</i> _____ <i>CM Contact:</i> _____
<i>Staff Initials :</i> _____		

Please check which you are applying for: **Respite** or **Goods and Services**

Respite:

If applying for respite reimbursement, please explain the reason for this request:

If applying for Respite, has a staff person been identified? Yes or No
If no, what is your plan to secure staffing to put this grant to use?

Note: Providers may be a family member but CANNOT have the same address as the individual or be a parent.

Total Amount of Request for Respite: \$ _____

Goods/Services:

Please describe the service or item for which you are requesting reimbursement and how it will benefit your child/family. You may attach an additional sheet if necessary.

Total Amount of Request: \$ _____

Please attach a written estimate from the company/store.

Range of gross family income (check one): <input type="checkbox"/> Under \$30,000 <input type="checkbox"/> \$30,000 - \$50,000 <input type="checkbox"/> \$60,000 - \$80,000 <input type="checkbox"/> \$80,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$150,000 <input type="checkbox"/> \$150,000 and Higher	Please indicate the number of individuals in your home: _____ Adults – Age 18 and older _____ Minors - 17 years old and younger
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Is the Applicant currently applying elsewhere for this request? Yes or No

Agency: _____

Contact: _____

Parent/Caregiver Signature

Date

Parent/caregiver must sign the application in order for the reimbursement request to be considered. Individuals living independently and people living in residential settings are not eligible for reimbursement funds.

Return Application to:
Wildwood Programs, Family Reimbursement Grant Program, 1190 Troy Schenectady Rd., Latham, NY 12110