



United Cerebral Palsy of Middle Tennessee
Rutherford County Family Support Program

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Dear Applicant,

Thank you for your interest in the Family Support Program, Rutherford Co which is facilitated by United Cerebral Palsy of Middle Tennessee. The funding of this program is made possible from the State of Tennessee through the Department of Intellectual and Developmental disabilities, and as such, certain eligibility requirements apply.

Before you can be considered for assistance you must provide all of the information required in the application package. Proof of disability, proof of residence in Rutherford Co. and proof of citizenship status are required. Examples of accepted documents are listed on enclosure checklist. The completed application and supporting documents may be submitted to me at the address on this letterhead. Please make sure you have the appropriate postage on the envelope. You may also fax your materials to me at 615-369-3085 or send them via email in PDF format. If you do not receive confirmation that your application has been received within 7 days of sending it, you should call and follow up.

Each year, the Local Council develops a list of priorities that are utilized in consideration of applications. The determination regarding whether your request is appropriate for the program is made by the Local Council after eligibility review. The Local Council also determines the amount, if any, that we can allocate for your services. The Local Council meets quarterly. Assistance from the Family Support Program is restricted to disability-related expenses. There is no guarantee that we will have funding available for all eligible applicants. Family Support is not an entitlement program.

Please feel free to contact me if you have questions about the application and/or the Family Support Program.

Sincerely,

Claressa Ham

Family Support Coordinator

United Cerebral Palsy of Middle TN

Family Support Intake Form

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

Date: _____ County of Residence: _____

Name of person with severe/developmental disability applying for Family Support: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Name of Parent/Spouse/Legal Representative, if different than above: _____

Family's Address: _____ E-mail: _____

_____ Phone: _____ Phone: _____

Potential Support Services Needed/Requested (Check all that apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Before/After Care | <input type="checkbox"/> Health Related | <input type="checkbox"/> Recreation/Summer Camp | <input type="checkbox"/> Training |
| <input type="checkbox"/> Behavior Services | <input type="checkbox"/> Homemaker Services | <input type="checkbox"/> Respite | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Home Modifications | <input type="checkbox"/> Specialized Equipment & Maintenance/Repair | <input type="checkbox"/> Vehicle Modifications |
| <input type="checkbox"/> Emergency Living Expenses | <input type="checkbox"/> Nursing/Nurse's Aide | <input type="checkbox"/> Specialized Nutrition/Clothing/Supplies | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Personal Assistance | | |

Do you (the person applying for Family Support) receive any of the following? (Check all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Adoption Assistance | <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Tennessee Early Intervention System (TEIS) | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Social Security Disability Income | <input type="checkbox"/> PACE (Program of All-Inclusive Care for the Elderly) | <input type="checkbox"/> Nursing Services |
| <input type="checkbox"/> Residential Services | <input type="checkbox"/> Foster Care | <input type="checkbox"/> OPTIONS Program | <input type="checkbox"/> Supported Living |
| | | | <input type="checkbox"/> None |

What type of insurance do you (the person applying for Family Support) have?

- TennCare (Medicaid) Medicare Private Insurance Uninsured

Have you (the person applying for Family Support) applied for or do you receive any of the following? (Check all that apply):

- CHOICES ECF Choices DIDD Waivers TBI Grant Katie Beckett Program
- Any in home or community supports None

To comply with Title VI, the following information is requested:

- Male Female
- African American Asian Caucasian Hispanic Other Unknown

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Primary Disability – Check which of the following major disability categories is most relevant to the person with a severe disability as a primary diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Neurological Impairment |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Orthopedic Impairment/ Physical Disability |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Developmental Delay (Birth - 8 y.o.) |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Genetic Disorders: (ex. Rett, Angelman, Trisomy 9, etc.) |
| | Please specify_____ |

Did the person’s primary disability occur: Prior to age 22 At age 22 or after

NOTES: Please explain in detail how the Family Support funds would assist your family. Based on the diagnosis of the applicant, what needs is he/she unable to obtain without these supports? How would the applicant’s daily life be improved with this assistance? Use additional paper if necessary.

By signing and dating this Intake Form I, the person applying or their legal representative, indicate that all the information above is true and accurate. Furthermore, I understand that providing invalid, inaccurate, or Incomplete information could be considered as fraud and may result in a criminal investigation and disqualification from the program which would prevent re-application in subsequent years.

Signature of Person Applying or Legal Representative _____ Date _____

How was this information obtained (i.e., face to face visit, by phone or mail)?

If someone other than the family/applicant is making a referral:

Name of person making referral to Family Support: _____

Agency: _____

Phone: _____

Address: _____

Enclosure Checklist

Use this checklist to ensure all required items are enclosed. Your application cannot be considered without all required information.

Required with every application:

- Family Support Program Application:** Completed, signed and dated.

Required with first-time application and periodically as requested:

- Updated Documentation of Disability:**

A recent letter or statement from your physician that describes your disability explains specifically how your life activities are limited. Note that if the disability documentation you submit does not include adequate detail about your limitations additional information may be requested. Statements obtained from urgent care/walk-in clinics will not be accepted. Eligibility for the Family Support Program is **not** based on the receipt of Social Security Disability benefits.

Required with every application:

- Documentation of Residency in Rutherford County:**

Acceptable documentation would include copy of a utility (gas, water, or electric) statement or government document with the name of the applicant (or applicant's head of household) showing the applicant's **street/home address and dated within the last 60 days**. Please note: Post Office Box addresses **are not** acceptable evidence of residency, neither are bank, credit card statements or medical bills.

- Proof of U.S. Citizenship or Qualified Alien Status:**

Examples of Documentation that can be used to verify citizenship:

U.S. Birth Certificate is required with first-time application only

Qualified alien status, if applicable, is required with every application

- *A United States Government-issued certified birth certificate*
 - *A valid, unexpired US Passport or US Passport Card*
 - *A United States certificate of birth abroad (DS-1350 or FS-545)*
 - *A report of birth abroad of a citizen of the United States (FS-240)*
 - *Certificate of Citizenship (N560 or N561)*
 - *Certificate of Naturalization (N550, N570, or N578)*
 - *A United States citizen identification card (I-197, I-179)*
- *Applicants who claim for qualified alien status should contact the State or Regional Family Support Offices, (State, phone 615-532-6552, Regional, 615-231-5057) for clarification on required documentation.*