



## Application for DDSN Family Support Funds

Consumer Name:		DOB/Age:	
Parent/Legal Guardian:	Address:	Phone Number:	
EI/CM Name:		EI/CM Supervisor:	
DDSN Eligibility: <ul style="list-style-type: none"> <li><input type="checkbox"/> ID</li> <li><input type="checkbox"/> RD</li> <li><input type="checkbox"/> Autism</li> <li><input type="checkbox"/> HASCI</li> <li><input type="checkbox"/> At risk?    ___ Yes    ___ No</li> <li><input type="checkbox"/> Time limited?    ___ Yes    ___ No</li> </ul> If at-risk or time-limited, provide eligibility expiration date: _____			Date of Request:
Is this person enrolled in any Medicaid Home and Community Based Waiver? (ID/RD, PDD, CSW, MCC, CCW)			Yes    No
Does this person receive residential habilitation services?			Yes    No
Does this person reside in an ICF/IID or Nursing Home?			Yes    No
Is this person in foster care or in a therapeutic foster care home?			Yes    No
Does this person receive State Funded Community Supports?			Yes    No
Does the family's income exceed the income standards specified in <b>Attachment A</b> ?			Yes    No
<i>Note: if the answer is yes to this question then the Family Support Funds Application cannot be accepted</i>			
Medicaid Eligible?	Yes    No	If not Medicaid eligible, has this person applied? Date applied:	Yes    No
Receiving Children's Personal Care Aide Services?	Yes    No	Receiving homebound school services? If so, how many hours are provided each week?	Yes    No
Receives Private Duty Nursing as a State Plan Service?	Yes    No	Receiving homeschool services?	Yes    No
Receiving RBHS?	Yes    No	Enrolled in a day care, adult day program, adult day health care or employment program?	Yes    No



Attending school?	Yes No	On the waiting list for a DDSN Waiver?	Yes No
Receive benefits through the Supplemental Nutritional Assistant Program (SNAP)?	Yes No	Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List others who live in the home and their age (i.e. mother, 25, sister, 24 month

Relationship	Age	Relationship	Age

What item or service is needed? Describe
Why is the item or service needed? Explain?
What other resources have been attempted or explored to obtain this item or services? List: (DO NOT LEAVE THIS SECTION BLANK)
How much is needed? <span style="float:right">By what date is it needed?</span>

I certify that the above information is true and complete. I understand that submitting false information or use of respite funds for purposes other than as requested may result in termination of assistance and a payback of expended funds to DDSN.

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date

XX

**(To be completed by Management only)**

Approved (Yes/No) Amount Approved: \$ \_\_\_\_\_

Denied (Yes/No) Reason for Denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Denied (Written notification of denial with the appeal process shall be provided by the EI/CM to the family.*

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date



**Household Income**

Information about the monthly household earned and unearned income must be provided in order for the request to be considered. Verification of income must be provided (e.g., payroll check stub, copy of SSI check/deposit, bank statements, trust account information, child support, etc.) List the sources, amounts and contributor in the chart below and attach/enclose verification documents. Attach additional pages if needed.

Income Source	Monthly Amount	Contributed by whom?	Verification attached?	
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO

Total Monthly Income: \$.\_\_\_\_\_

If applicant receives SSI, indicate how the SSI is used each month:

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(To qualify, total monthly income may not exceed amount specified in the monthly income" column of the **SC Department of Disabilities and Special Needs Income Standards for Family Support Funds Attachment A**)



## SC Department of Disabilities and Special Needs Income Standards for Family Support Funds

(Attachment A)

Family Size	Monthly Gross Income	Eligible for Funds	Family Size	Monthly Gross Income	Eligible for Funds
1	\$0 - \$1,456	<input type="checkbox"/> Yes	9	\$0- \$5,519	<input type="checkbox"/> Yes
1	\$1,460 +	<input type="checkbox"/> No	9	\$5,520 +	<input type="checkbox"/> No
2	\$0 -\$1,966	<input type="checkbox"/> Yes	10	\$0 - \$6,026	<input type="checkbox"/> Yes
2	\$1,967 +	<input type="checkbox"/> No	10	\$6,027 +	<input type="checkbox"/> No
3	\$0-\$2,474	<input type="checkbox"/> Yes	11	\$0-\$6,534	<input type="checkbox"/> Yes
3	\$2,475 +	<input type="checkbox"/> No	11	\$6,535 +	<input type="checkbox"/> No
4	\$0-\$2,981	<input type="checkbox"/> Yes	12	\$0-\$7,041	<input type="checkbox"/> Yes
4	\$2,982 +	<input type="checkbox"/> No	12	\$7,042 +	<input type="checkbox"/> No
5	\$0-\$3,489	<input type="checkbox"/> Yes	13	\$0-\$7,549	<input type="checkbox"/> Yes
5	\$3,490 +	<input type="checkbox"/> No	13	\$7,550 +	<input type="checkbox"/> No
6	\$0-\$3,996	<input type="checkbox"/> Yes	14	\$0-\$8,056	<input type="checkbox"/> Yes
6	\$3,997 +	<input type="checkbox"/> No	14	\$8,057 +	<input type="checkbox"/> No
7	\$0-\$4,504	<input type="checkbox"/> Yes	15	\$0-\$8,564	<input type="checkbox"/> Yes
7	\$4,505 +	<input type="checkbox"/> No	15	\$8,565 +	<input type="checkbox"/> No
8	\$0-\$5,011	<input type="checkbox"/> Yes	16	\$0-\$9,071	<input type="checkbox"/> Yes
8	\$5,012 +	<input type="checkbox"/> No	16	\$9,072 +	<input type="checkbox"/> No



# Individual Family Support and Respite (IFS/R) State Funding Guidelines

IFS/R funds are used to assist families in caring for their family member with special needs. DDSN issues funds to providers across to state to distribute according to the established guidelines and directive set forth by DDSN. Requests for funds may be made to Easterseals for those who are currently served by our agency. Funds are limited and each request will receive careful review and consideration.

## The purpose of Individual Family Support and Respite funding

- Provide assistance to families in caring for a DDSN eligible person
- Assist families who are providing direct, hands-on care and supervision
- Avoid unsafe, risky or dangerous situations
- Assist consumers and families who can care for their family member at home but incur additional expenses due to the disability
- Should be used for needs that are not incurred routinely by families with non-disabled individuals
- Funding is intended to be limited, one-time or short-term and should not be ongoing
- IFS/R is not an entitlement program or a general public assistance benefit
- IFS/R is not intended to be used for typical expenses that are routinely incurred by families such as rent, utilities, childcare/babysitting for children under age 12, etc.

## Eligibility:

IFS/R funding shall be available to:

- Those who are DDSN eligible - all ages
- Those who are eligible for DDSN services in the "At-Risk" category ages 0-3 are eligible (Those served at-risk ages 3-6 are not eligible)
- Those who are NOT enrolled in any Medicaid Home and Community Based Waiver.
- Those who do not receive Residential Habilitation.
- Those who do not reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/11D) or a Nursing Facility.
- Those who are not in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those who do not reside in a Psychiatric Residential Treatment Facility (PRTF).
- Those who do not receive State Funded Community Supports
- Those families whose income is at or above the threshold specified in Attachment A- Income Standards



### **Family Support Funds**

- Based on the income of the consumer and family members residing in the same home as the consumer. Please see attached income guidelines.
- Must provide a current pay stub or other means of verifying both earned and unearned income for ALL household members (SSI, Child Support, etc.)
- Provide information on how the consumer's social security or other unearned income is used
- Exceptions to the income guidelines can occur when the person does not meet the income criteria but has significant expenditures related to the person's disability

### **Respite:**

- Respite requests DO NOT require review of income.

\*\*\*If a family receives more than \$600 in a calendar year, an IRS Form 1099 will be issued.

Refer to SCDDSN Directive 734-01-DD for more information. [http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/734-01-DD%20-%20Revised%20\(092313\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/734-01-DD%20-%20Revised%20(092313).pdf)