



Family Support Grant Application

Name of Applicant:

Date of Birth:

Parent/Legal Representative Name:

Address:

Phone:

Email:

Case Manager (if applicable):

Phone:

Please list all members of the household. Siblings can be entered on the same line.

Name	Age	Relationship/Special Needs/Considerations

Adjusted Gross Income from most recent 1040 or 1040A: \$

Adjusted Gross Income needs to be under \$130,807, except in cases of extreme hardship.

Is the client eligible based on income? Yes No

Is the client receiving other services (CSG, PCA, CFSS or waiver program)? Yes No

Financial / Service Resource (Check all that apply):

Private Insurance

Medical Assistance/MN Care

SSI – Amount \$

SSDI – Amount \$

VA Benefits-Amount \$

Other – Please Describe:



Family Support Grant Application

Information on child:

A. Diagnoses:

B. Medical Needs:

Vision impaired? Yes No

Comments:

Hearing impaired? Yes No

Comments:

Seizures? Yes No

Comments (controlled, uncontrolled, partially controlled):

C. Gross Motor Skills:

Is your child mobile? Yes No

Comments (Wheelchair, dependent on another, assists with transfers, weight bearing, AFO's, stander, ramp, etc.):

D. Equipment/home modification needs? Yes No

Comments (assistive technology/devices?):



Family Support Grant Application

E. Therapy needs? Yes No

Comments (O.T, P.T. individual counseling, etc.):

F. Sensory needs? Yes No

Comments (hypersensitive to stimuli, sensory program):

G. Activities of Daily Living (Check one in each category):

Toileting:

Independent	Minimal assist (verbal or physical)	Physical assist	Total care
-------------	-------------------------------------	-----------------	------------

Comments (scheduled, diapered, cathed, bowel program, etc.):

Eating:

Independent	Minimal assist (verbal or physical)	Physical assist	Total care
-------------	-------------------------------------	-----------------	------------

Comments (choking, G-tube, food allergies, etc.):

Dressing:

Independent	Minimal assist (verbal or physical)	Physical assist	Total care
-------------	-------------------------------------	-----------------	------------

Comments (spasticity, frequent clothing changes, etc.):



Family Support Grant Application

Grooming/bathing:

Independent

Minimal assist (verbal or physical)

Physical assist

Total care

Comments:

H. Communication Skills:

Verbal?

Yes

No

Comments:

Can make needs known?

Yes

No

Comments:

Augmentative Communication System/Device needed?

Yes

No

Comments:

I. Supervision Needs (Check one):

24 hour awake supervision

Eyes on supervision during awake hours

24 hour plan of care

Minimal supervision

Comments:



Family Support Grant Application

J. Behavior Checklist (rate according to intensity):

Eating non-nutritive substance

Injurious to self

Physical aggressive

Verbally/gesturally aggressive

Inappropriate sexual behavior

Property destruction

Runs away

Breaks laws

Temper outbursts

Other – describe:

Intensity Scale:

1 = None

2 = Mild

3 = Moderate

4 = Severe

5 = Very Severe

- K. Other factors – please describe below (examples – martial situation, single parent, parent(s) employment status, sibling issues, siblings at home with disabilities, lack of informal supports, housing issues, financial hardship, placement urgency, etc.)



Family Support Grant Application

Grant Requests

Ongoing Support Grant \$

Lump Sum or Monthly:

Describe your disability related needs and what you would like to use your grant to fund (examples: therapy co-payments, adaptive clothing, home modifications, equipment/assistive technology, respite, etc.):

Signatures

Parent/Legal Representative: _____

Case Manager, if applicable: _____

Date Completed: