

## State Aid Funds Application

**Individual Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Affiliate:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_

### Required Documentation:

<input type="checkbox"/>	Completed and signed State Aid Funds Application (this document)
<input type="checkbox"/>	Documentation of other available community resources previously exhausted
<input type="checkbox"/>	Information regarding how funds may increase adaptive capabilities, productivity, independence and/or inclusion
<input type="checkbox"/>	Plan submitted that outlines the needs of the individual(s), the barrier(s) to providing day or residential services, the equipment, modifications or supports that will address the barrier(s) and need(s) of the individuals(s)
<input type="checkbox"/>	Bids submitted from potential vendors for requested supports
<input type="checkbox"/>	*Please check this box if Affiliate is <u>only</u> requesting payment for case management services, during a crisis, for an individual not yet eligible for Medicaid

**List community resources previously exhausted:**

**Explain how funds may increase adaptive capabilities, productivity, independence, and/or inclusion:**

\_\_\_\_\_

**Plan for addressing barriers:**

\_\_\_\_\_

**\*For Affiliates requesting funds for case management services, emergencies, property damage, or community disasters; please explain the current situation:**

\_\_\_\_\_

By signing, the Affiliate acknowledges, if the CDDO determines that the Affiliate has failed to provide quality services in accordance with the definitions outlined in the Kansas Medical Assistance Provider (KMAP) Manual and the HCBS IDD Waiver Handbook, payment may be recouped from the Affiliate. Any transferrable items purchased with State Aid Funds will transition with the individual served.

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For CDDO Use Only:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Committee Initials: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Comments: \_\_\_\_\_