

**West Virginia Department of Health and Human Resources  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TBI FUNDS FOR YOU GRANT PROPOSALS  
FOR FY \_\_\_\_\_**

Funds for You is available for West Virginians who have a documented Traumatic Brain Injury (TBI).

**Awards may be Up To \$1,500**

**Eligibility:** For these funds, TBI is defined as follows:

*TBI – is defined as a blow or jolt to the head or a penetrating head injury that disrupts the brain’s function. TBI does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma.*

**Date of Application:** \_\_\_\_\_ **Previous Applicant:** \_\_\_\_ Yes \_\_\_\_ No

**Name of Applicant who will use Funds:** \_\_\_\_\_

Gender: Male or Female      Current Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Other Phone: \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

Name, address & phone number of person completing application, if not applicant:  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

West Virginia Resident?    Yes    No

Cause of injury: \_\_\_\_\_

Age at injury/Date of injury \_\_\_\_\_

Services you receive(d):

AD Waiver

MR/DD Waiver

TBI Waiver

Other: \_\_\_\_\_

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How can Funds for YOU help you?

<b>Service Requested</b>	<b>Total Amount Requested</b>	<b>Medicaid/Medicare/ Insurance Amount Denied</b>	<b>Supporting Documentation (3 estimates) Attachment List</b>
<b>Dental</b>	\$	\$	
<b>Medical</b>	\$	\$	
<b>Vision</b>	\$	\$	
<b>Adaptive Equipment</b>	\$	\$	
<b>Home Modification</b>	\$	\$	
<b>Speech, OT, PT</b>	\$	\$	
<b>Start Up</b>	\$	\$	
<b>Other</b>	\$	\$	

***All applications must include 3(three) estimates\* and an impact statement of how this good or service will help you return or maintain your ability to be integrated into the community.***

***\*Dental applications require one estimate.***



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**Origin of Funds:** H. B. 4068, which passed March 13, 1998 established the WV Traumatic Brain and Spinal Cord Injury (TB/SCI) Rehabilitation Fund Board. A portion of this legislation provides funds for services and supports for qualifying individuals. Article 18-10J-5 defines these funds and article 18-10J-6 describes criteria and eligibility for use of funds.

**Disclosure:** For auditing purposes only, the Bureau for Behavioral Health and Health Facilities and its fiscal intermediary will retain a copy of this application for their records.

**Equal Access:** As a program of the WV Bureau for Behavioral Health and Health Facilities, *Funds for YOU* are provided on a non-discriminatory basis without regard to race, color, creed, national origin, sex, age, religion, or disability in compliance with Title VI of the Civil Rights Act of 1964. All applicants for services have a right to file complaints and to appeal according to regulations governing this principle.

**Subrogation:** If you receive payment, or the right to obtain payment, for the service from another source (such as from insurance, from liable third parties, or by winning on an appeal to an agency or an insurance company that had denied your request) after *Funds for YOU* has awarded and given the funds to you/your vendor or provider, then that payment or right to payment must be signed over to *Funds for YOU* (assignment); you cannot keep that money. In other words, you cannot receive money twice for the same service; *Funds for YOU* **must** be reimbursed if you belatedly receive payment from another source for the same service for which *Funds for YOU* provided payment. Remember, we can only serve as a payer of last resort. Should you then receive funds, or become eligible for funds from another source, *Funds for YOU* steps into your shoes through an assignment and obtains those funds to the extent of the services already paid for by *Funds for YOU*.

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By filing this application, I understand and agree to these terms and will reimburse, directly or by assignment of my rights, Funds for YOU, for any such funds to the extent of the services paid for by Funds for YOU. I further certify that the information listed is correct to the best of my knowledge and authorize Funds for YOU to release this information, and any information obtained as a result of this application, to the Funds for YOU application review team.

<b>Team Signature/Date</b>
Consumer/Guardian/Representative:
TBI Resource Coordinator:

**A representative from Funds for YOU will contact you soon to further process your application.**

If you need assistance to complete this application or have any questions, please call toll-free, 877-724-8244, or e-mail [tbi@hsc.wvu.edu](mailto:tbi@hsc.wvu.edu).

Mail completed application to:

**TBI Program Assistant  
c/o Center for Excellence Disabilities  
959 Hartman Run Road  
Morgantown, WV 26505**

*Funds for YOU is funded by the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities.*