

## Steps for Completing 2019-2020 Funds For You Application

- **Review the Eligibility to ensure that you meet the criteria:**
  1. Citizen of WV
  2. Medically Confirmed TBI diagnosis
  3. Your Representative Team verifies this is a funder of last resort.
  
- **Ensure that you request eligible goods and services (please reference specifics in the policy):**
  1. Medical, dental, vision/hearing, adaptive equipment/ Occupational Therapy, Physical Therapy, Assistive Technology Assessment/Training, Start-Up Funds, Other
  
- **Ensure that Medicaid, Medicare, or insurance does not pay for requested goods and services.**
  
- **Funding is only available to new applicants during the first quarter of the fiscal year (July 1, 2019-September, 30, 2019)**
  
- **Funding cannot exceed a total of \$2,300.**

### Funding caps per Category:

| Category                                    | Cap        | Timeframe          |
|---|------------|--------------------|
| Medical                                     | \$2,000.00 | Per Fiscal Year    |
| Dental                                      | \$2,000.00 | Per Fiscal Year    |
| Adaptive Equipment/Home Modifications *     | \$2,000.00 | Per Fiscal year    |
| Assistive Technology Assessment/Training ** | \$700.00   | Per Fiscal Year    |
| Vision                                      | \$500.00   | Per Fiscal Year    |
| Start Up                                    | \$2,000.00 | 1 time per 3 years |
| Case Management                             | \$300.00   | Per Fiscal Year    |
| Other                                       | \$1,000.00 | Per Fiscal Year    |

\* a maximum of \$500.00 will be paid for electronic equipment such as IPADs/tablets/laptops, etc.

\*\* Provided by WVU CED – Pilot FY 2020

## **Steps for Completing 2019-2020 Funds For You Application**

### **Application Process:**

1. Complete **Funds For You Application** (ensure that all fields are complete)
2. Provide at least 2 vendor estimates outlining the cost of the request, sales, tax and all other fees. Medical, Dental, speech, OT, PT, and Assistive Technology Assessment and Training only require 1 estimate.
3. Provide 2 denial letters that FFY is a payer of last resort. Denial letters should be on company/organization letterhead and include all contact information. Examples include Salvation Army, Lion Club (Vision), and other social service providers.
4. TBI Social Worker/Resource Coordinator will work with applicant and applicant's team to write an impact statement to the ART Team, outlining the FFY request.
5. Applications will be reviewed by the Application Review Team (ART), then the TBI Social Worker/Resource Coordinator will contact you if your application is approved to set up disbursement of funds.

***Questions? Call 304-293-4692 ext. 60690 or ext. 60683***