



Cowley County CDDO Department  
 The Community Developmental Disability  
 Organization of Cowley County  
 321 E. 10<sup>th</sup>  
 Winfield, KS 67156

## CDDO Funds Request Form- Individual Request version

Date of Request:

**INFORMATION ON PERSON FOR WHOM FUNDING IS REQUESTED:**

Last Name:	First Name:	DOB:	
Address:	City:	State:	Zip:
MCO:	Care Coordinator:	Is the person Medicaid eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Guardian:**

Last Name:	First Name:		
Address:	City:	State:	Zip:
Phone:	Email:		

Guardian Acknowledgment of Request: \_\_\_\_\_

**Payee:**

Last Name:	First Name:		
Address:	City:	State:	Zip:
Phone:	Email:		

Targeted Case Management:

Agency:	TCM Name:
Phone:	Email:

Identify the category of this request and describe what is being requested

- Medicaid Ineligible Case Management Payment
- Personal Needs
- Direct Service
- Other Requests

What dollar amount is being requested/identify specifics of the cost of the item or service:

What item/service/support is being requested? What service/support need will be met if the request is approved? Describe the expected outcome if the request is approved. How is this need addressed in the PCSP? Provide PCSP documentation.

Will this amount cover the entire need or will other financial resources be necessary? Explain:

What other resources are available or have been pursued and either utilized or denied: (insurance, financial, donations, foundations, organizations, family, friends, etc.) Identify specifically. Demonstrate exploration/exhaustion of community resources.

Income Sources for the Individual: Demonstrate the individual's/family's capacity to privately pay for the service/product requested.

House hold income (adult- own resources; for a minor must include family's resources):

Average Monthly Income (net)

SSI/SDI		Food Stamps	
Family Subsidy/Support		Employment	
General Assistance		Alimony/Child Support Received	
TANF		Trust Fund/Adoption Subsidy	
Other		Total Income	

Average Monthly Expenses

Mortgage/Rent		Electric/Gas	
Phone/Cable/Internet		Water/Trash	
Food/Laundry		Clothing	
Transportation		Child Support/Alimony Paid	
Insurance		Child Care	
Other (explain)		Total Expenses	

- **For Medicaid Ineligible Case Management- expenses are not needed above; resources section is to be filled out. When was the last Medicaid application submitted? Documentation of a denial should be attached.**
- Attachments for further documentation may be submitted with the request.
- Additional information, clarification and documentation may be requested by the CDDO and/or committee.
- Where necessary or appropriate bids from more than one provider source deemed may be requested.
- CDDO's preference is to pay the amount directly to the provider who is recognized or certifies for the service being provided. Documentation that the service was provided will be required.
- Other follow-up may be requested as determined appropriate.

**Funds review will be completed by the Funding committee in accordance with the Local Finance Plan. State Aid funds utilization must meet I/DD Taxonomy Code requirements. The intent is for all funds to be used to benefit services for developmentally disabled individuals in Cowley County. All requests will be reviewed and considered by the CDDO to assure appropriate and fair utilization of funds available and accountability. All requests will be reviewed but may not necessarily be approved. There is no assurance or entitlement related to these funds.**

---

Funding Committee Determination as necessary: (date)

CDDO Action Determination: (date)

What Follow-up is expected?

Follow-up status:

CDDO Director Signature: \_\_\_\_\_ Date

Date of review and signatures of others present:

---