



One-of-a-kind services  
for one-of-a-kind people.

### **Committee of Last Resort (CLR) Application**

**(Due to recent changes in the format of this program, please read  
“Application Guidelines” in full prior to submitting a new application)**

**This form should be completed in its entirety.  
Incomplete forms will be returned to submitter and may delay a decision.**

#### **SECTION 1**

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

Submitter Name (if different from applicant): \_\_\_\_\_

Relationship to Applicant (i.e. Care Coordinator (CC), parent, etc): \_\_\_\_\_

Phone Number (if different from applicant): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Care Coordinator Supervisor (if submitter is CC): \_\_\_\_\_

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

**Has the applicant been deemed eligible for services with the Office for People with Developmental Disabilities (OPWDD)  Y  N \*Copy of eligibility letter MUST BE included with application.**

**Does the applicant have an OPWDD Self-Direction Budget?  Y  N If yes, please explain why this request cannot be covered by their budget: \_\_\_\_\_**

#### **SECTION 2- \*Please refer to program guidelines for more information on the new format\***

**Please check here if this is an emergency request and provide detailed explanation of circumstances (please see below or see program guidelines for “emergency” situations that will be considered):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check here if this is a supplemental “scholarship” request (all requests that don’t fit “emergency” criteria)**

**\*Emergencies that will be considered by the committee are those that put an individual’s immediate health and safety at risk.** Marking application as emergency does not guarantee emergency priority. More documentation may be requested by the committee.

**\*Non-emergency (supplemental) requests** will now include all requests for respite reimbursement, recreational activities, equipment, or any other requests that do not fit emergency criteria.



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**SECTION 3- (Required for both emergency and supplemental requests)**

Amount being requested: \$\_\_\_\_\_ Please provide as many specific details about this request as possible, including: total cost of item, service or total bill, severity of need, how this item will benefit the applicant:

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What specific efforts have been made to meet this request, and by whom? (Refer to program guidelines for suggested resources. Please note that CLR must be the funding source of LAST RESORT therefore if suggested/available resources have not been exhausted, request may be denied until other sources are attempted). Please attach denial(s), invoice/estimate/bill, or any other documentation detailing attempts made to secure funding): \_\_\_\_\_

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If Family Reimbursement funds have been exhausted for the year, please describe what the funds were used for (*letter or email correspondence documenting attempt to secure FRP funds must be included*):

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Please explain what the applicant/family's plan is moving forward to address this need. \_\_\_\_\_

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**SECTION 4- (Required for both emergency and supplemental requests)**

Please provide the following details regarding household finances: How many people live in the household? \_\_\_\_\_

Household income(s): \$\_\_\_\_\_ which includes (i.e. wages, SSD/SSI, child support, etc.) \_\_\_\_\_

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What recurring bills/debts does the applicant/family pay:

Rent/mortgage \$\_\_\_\_\_ Insurance \$\_\_\_\_\_ Car payment \$\_\_\_\_\_ Student Loan(s) \$\_\_\_\_\_

Utilities \$\_\_\_\_\_ which include \_\_\_\_\_

Other recurring debts/bills: \$\_\_\_\_\_ including \_\_\_\_\_

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Please provide any other details important for the committee to know regarding the applicant/family's circumstances that contribute to hardship: \_\_\_\_\_

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Has this person received funding from the Committee of Last Resort in the last twelve months? Yes  No

If so, when and for what \_\_\_\_\_

\*By Signing OR typing name below, I take full responsibility for the authenticity and accuracy of the information provided in this application:

Submitter Signature \_\_\_\_\_ Date \_\_\_\_\_

All CLR applications (with all additional documentation) should be emailed IN A HIPAA COMPLIANT MANNER to: [committeoflastresort@aspirewny.org](mailto:committeoflastresort@aspirewny.org)

If email is not accessible to submitter, application can be:

- FAXED TO (716) 831-1145 with subject, "ATTN: COMMITTEE OF LAST RESORT"
- SENT VIA POSTAL MAIL to: ATTN- Committee of Last Resort/Agency Outreach & Central Intake  
7 Community Dr., Cheektowaga NY 14225 OR 140 Mall Blvd., Lakewood NY 14750

\*In addition, all questions regarding any aspect of Committee of Last Resort should be addressed to [committeoflastresort@aspirewny.org](mailto:committeoflastresort@aspirewny.org)

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**FOR COMMITTEE USE ONLY:**

**Emergency Request**

**APPROVED**      **DATE APPROVED:** \_\_\_\_\_      **AMOUNT APPROVED: \$** \_\_\_\_\_

**Explanation of approval (including vendor/individual to be paid):** \_\_\_\_\_

\_\_\_\_\_

**NOT APPROVED**

**ADDITIONAL RESOURCES AVAILABLE:** \_\_\_\_\_

**OTHER, PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

**Scholarship Request**

**Date of Award Meeting:** \_\_\_\_\_

**Was this request awarded scholarship?**  Yes  No    **If yes, amount awarded \$** \_\_\_\_\_

**Vendor/individual to be paid (include name and address):** \_\_\_\_\_

\_\_\_\_\_

**CLR Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_