



## Committee of Last Resort is now Helping Hands!



### Application Guidelines

**Purpose:** Aspire of WNY Helping Hands is intended to provide emergency and supplemental funding to individuals of all ages with developmental disabilities in the WNY area, for a variety of needs that these individuals and/or their families cannot afford. Applicants must demonstrate financial hardship and all other funding resources must be exhausted before applying for funding.

### Eligibility

**In order to be eligible for funding through Helping Hands, applicants must:**

- Have been deemed eligible for services with the Office for People with Developmental Disabilities (OPWDD) and are able to produce letter of determination for eligibility (**In order for application to be considered, eligibility letter must be included with application**).
- Live in the community independently or with family/relatives. Individuals living in certified settings will only be considered when submitter can demonstrate that there are extenuating circumstances that require additional assistance.
- *Priority will be given to requests that have a direct impact on the individual's health or safety as it relates to their eligible OPWDD disability. This impact should be outlined on application or in an attached cover letter.*
- Requests for medical equipment, services, special diet, and others where appropriate will require a clinical justification from doctor, therapist or other qualified professional.

### Application Requirements

- Please complete applications in full- incomplete applications will delay processing of request regardless of emergency status.
- If request being submitted is an emergency request, please identify this as outlined on the application otherwise it will be assumed that the request is for the non-emergency category.
- **The following is required with completed application to begin processing:**
  - Eligibility Letter from OPWDD
  - Details regarding other resources that have been attempted including denial from at least one Family Reimbursement Agency or email correspondence that includes denial of respective request
  - Official bill, invoice or receipt- hand written receipts may not be accepted if they cannot be verified by Helping Hands staff



## **Funding Process**

- All emergency requests submitted to Helping Hands will be reviewed by the committee as soon as they are received (please see below for what constitutes an emergency request).
- All non-emergency requests (supplemental) will be collected and reviewed by the committee on a quarterly basis. The committee may approve one or more requests from those that were submitted in the quarter prior based solely on committee discretion. ***It is highly recommended that submitters provide as much detail as possible on supplemental request applications as the committee will award grants based on the information provided- there will not be a chance to provide additional information.***

**\*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- Helping Hands Coordinators will determine final status. More documentation or information may be requested by the committee before request determination can be made. *Please be aware that delays in providing requested information will delay committee determination.*

**\*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.**

- Helping Hands is a funding source of **LAST RESORT**; therefore, all other possible resources must be exhausted previous to submitting request to Helping Hands- exhausted resources must be outlined in detail on the application with sufficient documentation provided (emails, denials, etc.). **If this documentation is not provided with application, this will delay application process regardless of emergency status.**
- Please be aware that funding through Helping Hands is not guaranteed even on emergency requests, decisions are made by committee vote on a case by case basis.
- No cash will be provided as result of approved Helping Hands request. Approved requests will be paid by agency check, agency credit card holder (directly to vendor), or Aspire of WNY procurement department. Requests paid by check will require additional time to process agency check request. A Helping Hands Coordinator will inform submitter how funds will be provided and approximate timeline at the time of request approval.

## **Funding Limits**

- *Helping Hands will grant no more than \$500 per request at this time. No annual funding limit will be imposed at this time; however, priority will be given to those individuals that have not used Helping Hands funds in a 12 month period AND the committee will consider any previous awards received by the individual when considering future awards.*
- If total cost of requested item or service exceeds amount requested on application, documentation may be requested if not addressed on application as to how balance will be acquired.
- Please note: if a trend is identified with applicants utilizing Helping Hands funds fraudulently or for uses other than as identified in application, it will be addressed directly to the submitter and could affect future funding.



### **Approval Timelines (approximate):**

**\*Applications are accepted Monday through Friday during business hours. Applications will not be accepted on weekends or holidays. All efforts will be made to respond to requests as quickly as possible \***

- **Emergency requests-** Once emergency priority is confirmed by Helping Hands Coordinator and all necessary documentation is received, emergency requests will receive a response by the end of next business day (requests submitted on Friday will receive response by end of day Monday or end of next business day if Monday is a holiday). Please be aware that additional time may be required to process requests depending on payment type. Submitter will be provided updates.
- **All non-emergency requests will be collected and reviewed on a quarterly basis. The submitter(s) of request(s) that are awarded quarterly scholarships will be notified by a Helping Hands Coordinator.**
- *Please be advised for all requests:*
  - *If committee has additional questions or needs additional information, this may delay processing of request depending on response time of submitter.*
  - *If/when request is approved; additional time may be required to process payment or to research and purchase products or services.*

### **Item Specific Guidelines**

- **Rental Assistance (i.e. rent or security deposit), Utilities, etc.**
  - These requests will be considered on a case by case basis and committee MAY fund a percentage of the total owed. A full accounting of amount owed, attempts to make payment, attempts to establish payment arrangement, and plan for addressing future payments MUST be provided with request. *Committee will not hear request if individual is more than ONE month behind in rent or TWO months behind in utilities.*
- **Environmental modifications, repairs, adaptive equipment**
  - Clinical justification by an appropriate clinician must be documented and included with the request
  - Item cannot be funded by another source (i.e. Family Reimbursement, Medicaid, insurance, Waiver E-MOD) and proof of denial (letter, emails, etc.) must be included with request
- **Respite reimbursement** *(all requests for respite reimbursement will automatically be considered a non-emergency request)*
  - Respite provider must be 14 years of age or older, cannot live in the family household and cannot be a parent/guardian regardless of whether parent/guardian lives in the primary household.
  - Submitters are encouraged to use the Family Reimbursement- Respite Verification Form as documentation (copies of original submitted application will be accepted). Otherwise, documentation must be included outlining: respite provider name and relationship, parent/guardian information, date(s) of service, time(s) of service, rate(s) of service, total hours, total amount paid and both respite provider and parent/guardian signed confirmation that service was provided.



### **Item Specific Guidelines (continued)**

- **Technology Requests (tablet, iPad, computer, software, etc.)**
  - For all technology requests, a clinical justification will be required outlining how device/software will be used and how it relates to individual's developmental disability
  - If primary use is educational, there will need to be explanation why school cannot provide the device
  - Payment or reimbursement may be prorated if device will be used by family members other than the individual
- **Requests for the following will not be considered at this time by Helping Hands in either the emergency or non-emergency categories:** any sort of legal fee/ ticket/legal representation, normal wear and tear home/car repairs; reimbursement or payment for Medical Marijuana, reimbursement or payment for any medication or supplement, reimbursement or payment for any therapeutic treatment that is not endorsed or acknowledged by OPWDD, or any type of electronic monitoring/tracking/observation devices. This list is subject to change at any time.

### **Resources**

The following are some of the resources that should be attempted before submitting to Helping Hands and all attempts should be listed on application (please be aware, this is not an exhaustive list):

- Insurance: Medicaid and/or any private insurance should both be attempted prior to Helping Hands; a denial from insurance is required when applicable (medical equipment, therapies, medications, etc.).
- Family Reimbursement Program (FRP): if request is denied by FRP or all funds have been exhausted, please provide denial (letter and/or emails) from FRP agencies and provide details about use of FRP funds on application.
- Maria Love Fund (Erie County only)- for residents of Erie County ONLY who meet eligibility criteria (categories are: convalescent care aids/adaptive equipment, medication or pharmaceutical supplies, medical related transportation, food or specialized dietary needs, utilities related to medical needs). Each individual can receive up to \$300 per year.
- Department of Social Services/Catholic Charities/Red Cross
- Food Bank of WNY
- Community Action Organization (CAO)
- Catholic Charities- Neighbor for Neighbor Heat Fund (help with heating bill for low-income, disabled, elderly, medical emergencies)
- Children's Love Fund (Chautauqua County only)- helps families in Chautauqua County who have children with long-term illnesses by reimbursing them for non-medical expenses related to doctor or hospital visits
- Family, friends, neighbors, church, etc.



## **Submission**

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

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

- FAXED TO (716) 763-3574 with subject, "ATTN: Tracy Flagella"
- SENT VIA POSTAL MAIL to: ATTN- Helping Hands Committee/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 Helping Hands should be addressed to [helpinghands@aspirewny.org](mailto:helpinghands@aspirewny.org).