



Northern Chesapeake Region

*Achieve with us.*

## The Arc Northern Chesapeake Region Family Support Services

Thank you for contacting The Arc Northern Chesapeake Region's Family Support Services (FSS) for assistance. FSS is designed to provide supports to families of children with intellectual and developmental disabilities living in the community. The FSS Coordinator will assist you in obtaining and maneuvering community resources, providing referrals, respite care reimbursement and assistance with funding. Our staff helps educate you in understanding your rights and brainstorms with you to come up with options based on individual needs and preferences as well as educates you to be the best advocate you can be for your child. Family activities and workshops on variety of topics are offered throughout the year. These services are provided at no cost to your family.

FSS does NOT provide advocates or attorneys. This means that we cannot give you any type of legal advice. We cannot legally represent you or make any decisions for you about your child. Please understand that if you are working with an attorney or advocate we are unable to get involved in that portion of your case, but we can still assist you with funding and our other resources.

You can schedule an appointment with an FSS Coordinator to be assisted. In order to help you more efficiently we ask that you complete our Intake Application entirely and attach any appropriate documents related to your reason for our assistance that pertains to your child.

**NOTE:** We receive more requests for services than we are able to fund. These services are **not** guaranteed. Once someone has applied they will need to schedule with an FSS Coordinator who will then determine their eligibility and decide on financial commitment (if **funding is available**).

Cecil County Office  
106 East Main Street | Suite 107 | Elktowne Centre  
Elkton, MD 21921  
P: 410-620-3450 | F: 410-620-3453

Harford County Office  
4513 Philadelphia Road | Aberdeen, MD 21001  
P: 410-836-7177 | F: 410-893-3909

[www.arcncr.org](http://www.arcncr.org)

*For people with intellectual and developmental disabilities.*



#### FUNDING OPTIONS:

- Purchase of Service
- DHR Respite

#### ELIGIBILITY:

- To be eligible for **Purchase of Service** funding you must have a child with a developmental disability and live in one of the following areas; Harford County, Cecil County, Baltimore City, Baltimore County, Howard County or Anne Arundel County.
- To be eligible for **DHR Respite** funding you must live in Harford County have a child or adult under your care with a developmental disability and meet income guidelines.

#### APPLICATION PROCESS:

- To apply for **Purchase of Service** funding we will need documentation of residence, disability and a completed **Central Region Purchase of Service Information Form**. Requests outside of Harford and Cecil Counties are reviewed the last two weeks of each month. If you have received services from this funding source during the prior fiscal year then we need a completed **Redetermination Form** and the above noted supporting documentation instead of the complete application. [All invoices/timesheets for approved requests must be submitted by the 5<sup>th</sup> day of the month after the notification of approval. If the request is not received all reserved funding may be forfeited]
- To apply for **DHR Respite** funding we will need documentation of disability and income. The income verification can be pay stubs for a month, child support, or award letters (all that apply). In addition, we need a completed **Application for Respite Funding Services**. If you have received services from this funding source during the prior fiscal year then we need a completed **DHR Redetermination Form** and the above noted supporting documentation instead of the complete application. For processing if approved, time sheets are to be turned in by the 5<sup>th</sup> of the following month.



\*Keep for your records.\*  
The Arc Northern Chesapeake Region  
Central Region Purchase of Service Information Form

Adult \_\_\_ Child \_\_\_

FY'16

Anne Arundel \_\_\_ Baltimore City \_\_\_ Baltimore County \_\_\_ Harford \_\_\_  
Howard \_\_\_ Cecil \_\_\_ Other County \_\_\_\_\_

Circle all that apply:

Day services, Vocational Services, Foster Care, other \_\_\_\_\_, N/A

\*CSLA, Individual Budgets, and Residential not eligible for ISS

Applicant information:

Contact date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: \_\_\_\_\_

Eligibility Diagnosis: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Person Making contact for Applicant: \_\_\_\_\_

Contact information: \_\_\_\_\_

Has person requested LISS funding this Fiscal Year? : yes\_\_\_ no\_\_\_

Amount Received: \_\_\_\_\_

Autism Waiver: yes\_\_\_ no\_\_\_ waiting list\_\_\_\_\_

Other Resources approved (list): \_\_\_\_\_

Does the individual have a Service Coordinator? Yes  No

Service Coordinator assigned: \_\_\_\_\_ Phone # \_\_\_\_\_

Please attach the following that apply:

Disability statement: (ex. doctor letter, report from Kennedy Krieger, etc.)

IEP copy of first 2 pages: (school age individuals only)

Proof of Address: (ex. Utility bill)

Proof residency: (state identification)



\*Keep for your records.\*  
**The Arc Northern Chesapeake Region**  
**Central Region Purchase of Service Information Form**

(Circle one) **Ethnicity:** \*Black/African American \* White/Caucasian \* Asian  
\* American Indian/Alaska Native \* American Pacific/Native Hawaiian \* Hispanic  
\*Multi-Ethnic: \_\_\_\_\_

**Primary Contact Information:**      **Relationship to applicant**\_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Contact Information:**      **Relationship to applicant**\_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

May we send information via email? Yes  No

\* I certify that the above information and all attachments are accurate.  
\* I understand that my approval for funding is based on the availability of funds and disability eligibility.

\_\_\_\_\_  
Applicant Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized agent                      Relationship

\_\_\_\_\_  
Date



## The Arc Northern Chesapeake Region Family Support Services

### INCOME WORKSHEET

Name of Applicant: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Single Parent Household: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Number of Persons in Family/Household: \_\_\_\_\_

Please CIRCLE your annual combined income level and number of household from the table below.

Adult (18 and up income only)  
Child (under 18 household incomes)

Sources of income include circle all that apply: Wages or Salary; Social Security Income; Survival Benefits, Disability; Unemployment Compensation; Child Support, Alimony; Public Assistance; Other (please specify) \_\_\_\_\_

<u>HUD Designated Income Levels FY2014 Income Limits</u>								
Circle Below								
	<u>1</u> Person	<u>2</u> Persons	<u>3</u> Persons	<u>4</u> Persons	<u>5</u> Persons	<u>6</u> Persons	<u>7</u> Persons	<u>8</u> Persons
Extremely Low Income	\$ 18,300	\$ 20,950	\$ 23,550	\$ 26,150	\$ 28,250	\$ 30,350	\$ 32,450	\$ 34,550
Very Low Income	\$ 30,500	\$ 34,900	\$ 39,250	\$ 43,600	\$ 47,100	\$ 50,600	\$ 54,050	\$ 57,550
Low Income	\$ 44,750	\$ 51,100	\$ 57,500	\$ 63,900	\$ 69,000	\$ 74,100	\$ 79,250	\$ 84,350

\* I certify that the above information is accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized agent                      Relationship

\_\_\_\_\_  
Date



The Arc Northern Chesapeake Region  
Family Support Services

STATEMENT OF DISABILITY

Parent/Caregiver:

Please complete the name and address part of this form. Then have your child's medical professional complete the remainder of this form that states his/her disability(ies). This form is necessary to determine eligibility for the involvement in The Arc Northern Chesapeake Region's Family Support Services Program. This form will be kept confidential in your child's file in the Family Support Services Office.

Please send the completed and signed form to:

The Arc Northern Chesapeake Region  
ATTN: Family Support Services  
4513 Philadelphia Road  
Aberdeen, MD 21001  
Fax: 410-893-3909

To be completed by Parent/Caregiver:

1. Name of person with developmental disability(ies):

\_\_\_\_\_

Address:

\_\_\_\_\_

To be completed by Physician:

2. The above named individual, according to my knowledge and our records, has the following type(s) of developmental disability(ies):

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

Signature of Physician

Title

Address

Date