

Resource Network Category Guidelines

Resource Network funding is designed to support families and caregivers in the Broome region who are providing care for a loved one with a disability who lives full-time in the family home. It is a last-resort fund providing assistance for a variety of financial needs to those who are eligible for Family Support Services who may be experiencing a financial hardship or who need to purchase items which specifically relate to the disability. Below is a list of categories which encompasses the variety of goods and/or services for which families may apply for assistance. All other resources must be accessed first, including but not limited to: Self-direction budgets, insurance, local organizations such as Eagles Club or Rotary, DSS, and any grant funding which may be available. Proper documentation including justification, supporting documentation from medical or educational professionals, and any necessary denials from insurance and/or Medicaid will accompany requests for financial assistance. Further direction is in the Resource Network Guidelines and Process document.

BASIC UNMET NEEDS:

- **Household Items:** items such as beds will be considered after every attempt has been made to find items through other resources such as local second-hand stores, Craigslist, etc.
- **Food:** Resource Network may help with food due to unusual circumstances or special dietary needs on a time limited basis.
- **Clothing:** Priority will be given to requests for intimate and heavy wear/tear items (under garments, socks, etc.) and specialized clothing required as a result of the person's disability or sensory needs. Other clothing requests may be considered on a case-by-case basis.
- **Other Sensory Needs:** items that support unmet sensory needs after other resources have been exhausted when supported by a qualified medical or behavior support professional.

CONFERENCES:

- Families may request assistance to attend conferences (typically one per year) related to supporting a family member for the purpose of better understanding their diagnosis or providing quality care/support. Ancillary expenses will be considered for reimbursement on a case by case basis.

EQUIPMENT:

- **Adaptive Equipment:** Items not covered by Medicaid or the DDRO may be considered with explanation of need for item and denial from Medicaid or DDRO.
- **Assistive Technology:** iPads and other assistive technology may be considered, up to a certain dollar amount. Funding for the evaluation needed to determine use of assistive technology is not funded through Resource Network. Supporting documentation must be provided by a qualified professional verifying the usage and effectiveness of the technology requested.

- **Specialized Software, Equipment Repairs:** The DDRO may be able to cover these items if the funding is applied for prior to purchasing the software or paying for a repair.

HOUSING:

- **Rent/Mortgage/Utilities:** Must be in arrears and include a clear statement from landlord/mortgage institution/utility vendor detailing the amount owed and the due date. Budget billing should be explored first, and if a payment plan is in place then Resource Network may be able to assist families with delinquent payments in order to get back onto their payment plan. Please include dates for which the utilities are owed (e.g.: May-October), as well as an explanation of what is being done to prevent this need from reoccurring. If the delinquent account exceeds the amount Resource Network is able to provide, the request must also be submitted outlining the plan in place to ensure the family will be able to stay in the home.
- **First month/Security Deposit/Moving Expenses:** Should include justification of the financial hardship- what is the reason for the move and why the parent/caregiver was unable to save for these costs.

MEDICAL BILLS:

- **Medical Bills/Co-Pays:** An explanation of why payment of these bills is a hardship on the family needs to be submitted along with any rejections or statements of denial of payment from an insurer or other financial resources. Every attempt should be made to work out a payment plan with the medical facility first.
- **New and special therapies:** Therapies are typically not covered by Resource Network, however therapies not covered by the individual's or family's medical insurance or Medicaid may be considered with an explanation of the expected benefits of and the reason for the therapy. Requests should be accompanied by a rejection letter from the insurer(s). Therapies must be medically necessary and approved by the FDA for the specific use indicated.
- **Supplements:** On-going funding is not permitted. Supplements can be funded for a reasonable amount of time (a trial period) if the individual is trying to determine if it will work for them long-term. Requests must be accompanied by supporting documentation from a Medical Professional to ensure health and safety.

RECREATION:

- **Trial memberships:** Membership must be limited to be an "experience," "session" or a "trial period" to see if the person has that interest and would like to continue participation (on their own).
- **Camp:** Requests for a "session", as defined by the camp, can be considered with documentation from camp indicating the cost and duration of the session.

RESPITE:

All respite requests must explain the reason for the needed respite, and disclose the current respite reimbursement approved/used if they are currently enrolled in a service. Ongoing respite services will not be supported through Resource Network. All respite reimbursement requests must be submitted with a timesheet or other verification of dates, times, rate and hours of service provided as well as a verifying signature from the person who provided the respite services.

- **Emergency Respite Reimbursement:** Emergency respite requests should be urgent in nature and not planned more than 10 days in advance.
- **Temporary Respite Reimbursement:** Temporary respite requests may be submitted for families that are currently waiting for other services such as waiver respite or eligible local respite reimbursement programs.

TRANSPORTATION:

- **Auto Repairs and Travel:** Requests for auto repairs, which must be accompanied by an explanation of how these repairs and functioning automobile are needed to help support the family member with a developmental disability. Example: Vehicle is needed and other resources are not available or accessible. The age and mileage of the vehicle will be taken into consideration; *routine maintenance will not typically be funded.*
- **Travel expenses:** Reasonable requests for reimbursement will be considered for transportation, meals, and lodging for costs incurred when taking their family member to distant medical services or care not available locally. Travel requests must be accompanied by documentation of medical necessity and the confirmation of dates of travel.