

## Children at Home Program

### **\*Please read application carefully before completing\***

The following is an application for you to receive assistance through the Children at Home program. The Children at Home program is designed to assist you and your family in securing the services and supports that you identify as necessary in helping your child remain at home. An underlying principle of the Children at Home program is that you and your family retain control of decisions which affect your child and family. Financial assistance is intended to enable you to obtain those services and supports which are not met by other programs.

#### **To qualify for the Children at Home program:**

- **You and your family must reside in the state of Iowa.**
- **Your family must include a child with a disability, which is defined as an individual who is less than 22 years of age and meets the definition of developmental disability.**
- **Your family's intent is to secure those services and supports that would enable your child to remain living in the family home.**
- **Your family's Federal Net (not gross) taxable income for the most recent tax year is less than \$60, 000.**

The Children at Home program operates within a Fiscal Year, **July 1- June 30**. Your application, once approved, is on file for the current fiscal year. A new application is required to be completed each Fiscal Year. Applications or requests received after April 30th may be placed on a waitlist for the current Fiscal Year. Applications and requests placed on the waitlist are processed as able. Children at Home is grant funded and requests are approved based on availability of funds. Funding is not guaranteed.

If you have any questions about this program or want to apply for assistance, please contact the Iowa Family Support Network. Please mail, email or fax completed applications to:

#### **Iowa Family Support Network**

3000 Easton BLVD

Des Moines, IA 50317

Phone number: 1-888-IAKIDS1 (1-888-425-4371)

Website: [www.iafamilysupportnetwork.org](http://www.iafamilysupportnetwork.org)

Email: [iafamilysupportnetwork@everystep.org](mailto:iafamilysupportnetwork@everystep.org)

Fax number: 515-558-9994

**Children at Home Application**  
**Section 1: Child and Family Information**

<b>Family Information</b>		
Child's Name:		
Date of Birth:	Child's Gender:	County:
Current Address:		
City:	State:	Zip Code:
Parent/Guardian Names:		
Does Child live with Parents?	If No, Child's Address and who they live with:	
Phone Number:	Additional Phone Number:	
Email address:		
Language(s) Spoken:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Race:	Child's Ethnicity:	Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Disability Information</b>		
Child's Diagnosis:		
Please indicate all of disabilities from the list below that apply to your child.		
<input type="checkbox"/> Autism	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Serious emotional disorder
<input type="checkbox"/> Blindness/visual impairment	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Spina bifida
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Muscular dystrophy	<input type="checkbox"/> Deafness and blindness
<input type="checkbox"/> Deafness/ Hearing impairment	<input type="checkbox"/> Orthopedic impairment	<input type="checkbox"/> HIV infection
<input type="checkbox"/> Epilepsy/seizure disorder	<input type="checkbox"/> Speech/Language impairment	
Other:		

**Section 2: Eligibility**

<b>Income Verification</b>
Family's net taxable income \$
To verify income, submit a signed copy of your most recent <b>1040 Federal Tax form*</b> Ensure pages listing your net taxable income are included, typically this can be found within the first two pages of your return.
*If you do not file taxes, contact an Intake & Referral Specialist for alternative income verification options.

<b>Disability Verification</b>
Choose one:
Option A: Your child is receiving services from Home and Community Based Services (Intellectual Disability(ID), Health & Disability (HD), Brain Injury (BI), Physical Disability(PD), Child Mental Health (CMH) Waiver or Supplemental Security Income (SSI).
Option B: Your child is NOT receiving services from Home and Community Based Services -(Intellectual Disability(ID), Health & Disability (HD), Brain Injury (BI), Physical Disability (PD), Child Mental Health (CMH) Waiver or Supplemental Security Income (SSI).

<b>Disability Verification Option A:</b>	
If your child is receiving services from one of the programs listed below, your family is deemed to have met the eligibility criteria of having an individual with a disability residing in their home:	
<input type="checkbox"/> <b>Home and Community Based Services (please mark which waiver the child is on)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intellectual Disability (ID)</li> <li><input type="checkbox"/> Health &amp; Disability (HD)</li> <li><input type="checkbox"/> Brain Injury (BI)</li> <li><input type="checkbox"/> Physical Disability (PD)</li> <li><input type="checkbox"/> Child Mental Health (CMH)</li> </ul>	
Waiver Case Manager's Name:	County:
<input type="checkbox"/> <b>Supplemental Security Income (SSI)*</b> *Please submit a copy of your child's most current SSI award letter along with the application.	

<b>Disability Verification Option B:</b>	
Your child is NOT receiving services from Home and Community Based Services (Intellectual Disability(ID), Health & Disability (HD), Brain Injury (BI), Physical Disability(PD), Child Mental Health (CMH) Waiver	
You will need to obtain verification that your child meets the definition of developmental disability. The signature may be from any of the following professionals who are knowledgeable of your child's disability:	
Medicaid case manager, AEA director of special education or designee, Local school administrator or designee, Independent living specialist, Occupational or physical therapist, Physician, Vocational rehabilitation counselor	
The Children at Home program is designed to provide supports and defray costs of caring for children at home for families who are not being served or are being underserved through other service delivery or payment systems.	
I authorize the release of information related to my child's disability:	
<b>Child's Name:</b>	<b>Child's Date of Birth:</b>
<b>Parent Signature:</b>	<b>Date:</b>

<b>Professional Certification</b>	
The above-named child has a developmental disability as defined in 42 U.S.C. § 6001. Persons with developmental disabilities have severe, chronic conditions that:	
Are attributable to a mental, or physical impairment or combination of mental and physical impairments;	
Are manifested before the person attains age 22;	
Result in substantial functional limitation in one or more of the following areas of major life activities: <ul style="list-style-type: none"> <li>• Self-care</li> <li>• Receptive and expressive language</li> <li>• Learning</li> <li>• Mobility</li> <li>• Self-direction</li> <li>• Capacity for independent living</li> <li>• Economic self-sufficiency</li> </ul>	
Reflect the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.	
<b>Professional Certification:</b> I hereby verify that the above-named child has a developmental disability as defined above.	
<b>Printed Name:</b>	<b>Title or License Number:</b>
<b>Signature:</b>	<b>Date:</b>

**Request for Children at Home Funds**

**\*If requesting multiple items or services, please complete one request form per item/service.**

Child's Name:	Child's Date of Birth:
Description of Service/Support/Item Requested: <b><i>One request per form.</i></b>	
<i>* Please include order information, size, color, or other needed information to place order</i>	
Total Cost of Item:	Amount of Children at Home Funds Requested:
Who is to be Reimbursed: Family or Name of Provider and Mailing Address?	
<i>*Proof of payment will be required for all reimbursements and payment must have occurred within fiscal year you are applying.</i>	
How would you like to receive funds?	
<input type="checkbox"/> EFT- Electronic Fund Transfer (for this option please include a voided check)	
<input type="checkbox"/> Check mailed to address on file for reimbursements or Service Provider with Invoice	
<input type="checkbox"/> Children at Home to Purchase item (item shipped to address on file unless noted)	

**Professional Statement:**

For the above requested service, support, or item to be considered for funding a statement of need will be required from a professional who works with your child and can state the need of the item, service, or support as it relates to their disability.

The next page can be used to complete the professional statement, or it can be submitted on letterhead or directly from the professional's email to:  
[iafamilysupportnetwork@everystep.org](mailto:iafamilysupportnetwork@everystep.org)

**Parent Declaration:**

I declare the information provided in this application to be true to the best of my knowledge. My family resides in the State of Iowa. My child has a disability, and it is my intent to have my child remain living in my home. Services and supports purchased with these funds will not be used to replace other services or supports available to my family, including Medicaid and the Family Investment Program (FIP).

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Professional Statement:** (a professional who works with the child and can state the need of the item, support, or service as it relates to their disability.)

Each service, support or item will require an individual statement. An incomplete statement may result in the request being denied.

Please ensure the following are included in your statement:

- Your working relationship to the child
- Child's disability
- Behaviors or symptoms related to the disability
- How the requested service, support or item will benefit the child as it relates to their disability and the identified behaviors or symptoms

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EFFECTS OF CHILDREN AT HOME ASSISTANCE ON OTHER PROGRAMS/INCOME

### **On Income Tax:**

According to an Internal Revenue Service Advisory opinion, income received pursuant to assistance under the Children at Home program (CaH) is not taxable for Federal Income tax purposes to the extent that the subsidy does not exceed actual expenses incurred for the care of the family member.

### **On Family Investment Program (FIP):**

If you receive FIP payments, assistance received under the CaH program should not affect your eligibility provided you do not use the subsidy for your own basic needs of shelter, utilities, household supplies, food, clothing, personal care and supplies, medicine chest items, bus fares, telephone, newspapers and magazines. You may not use the subsidy for the special needs which include school expenses, guardianship/conservator fees, the expenses of Individual Education and Training Plan programs, and child care while enrolled in a Job Training Partnership Act training plan. If you have any questions regarding your FIP benefits talk with your income maintenance worker.

### **On Supplemental Security Income (SSI):**

It is our understanding the assistance received under the CaH program would not be counted in determining income eligibility. If you have questions regarding this contact the Social Security Administration office.

### **On U.S. Department of Housing and Urban Development (HUD), Section 8:**

It is our understanding HUD will not consider assistance received under the CaH program as income when determining participation in the Section 8 program.

### **On Food Assistance:**

Assistance received under the CaH program is not considered income for food assistance. If you have questions regarding your food assistance talk with your income maintenance worker.

### **On Medicaid and/or Medicaid Home & Community Based Services Waiver:**

Being on the subsidy does not affect your eligibility for these programs and being on these programs does not affect your eligibility for assistance received under the CaH program.

## **Do you have everything needed for the Children at Home application?**

Ensure the application is completed in its entirety and you have attached any supporting documents. Please check with your Intake and Referral Specialist for specific deadlines for submitting documentation.

### **Checklist**

#### Required information:

- Family information and disability information page filled out completely.
- Income Verification- copy of Federal 1040 tax form (If you do not file taxes, please check with your Intake and Referral Specialist for other documentation). (If caregivers of the child filed separately, please include both caregiver's taxes)
- Either Option A or B fully completed for disability verification
- Request for funds page
- Professional statement page

#### The following, if applicable:

- Receipt of purchase for reimbursements (purchase must occur within the current fiscal year)
- Respite log and proof of payment for respite reimbursements
- Order information (color, size, weight, etc.)
- Provider invoice that includes child's name and date(s) of service and their W9 for direct payment (services must occur within the current fiscal year)
- Insurance denial letter
- Release of information form signed to provide information to anyone other than caregiver

All forms can be found at <https://www.iafamilysupportnetwork.org/families/children-at-home/>

### **Appeals**

If your qualification for the Children at Home Program is denied you may file an appeal. All appeals must be requested in writing. Your letter should include documentation that was not submitted with the original application from any of the following professionals who are knowledgeable of your child's disability affirming that the decision should be reversed:

- Medicaid Case Manager
- AEA director of special education or designee
- Local school administrator or designee
- Independent living specialist
- Occupational or Physical Therapist
- Physician
- Vocational rehabilitation counselor