EMORY VALLEY CENTER
MAXIMIZING HUMAN ABILITIES

TN Department of Intellectual & Developmental Disabilities | Family Support Program

FAMILY SUPPORT FUNDING FOR 2018-2019

The Tennessee Family Support Program is a grant program funded totally through state funds and administered through the Tennessee Department of Intellectual and Developmental Disabilities. Through this program there is a little bit of financial support to enable people of all ages who have a **severe lifelong disability** to be able to stay at home with their family or live as independently as possible.

Selection must be open to all individuals each year, and prior selection cannot be considered as a priority. Selection shall not be determined on a first come, first served basis. Selection is based on:

- Family needs, including services currently available and in use, informal support systems available to the family, and the condition of family members
- The immediacy of need, e.g. crisis or emergency
- Severity of the family problems
- Time awaiting services
- The impact of the disability on the activities of everyday life for the whole family

To be considered for support for the 2018-2019 fiscal year, you must return the following:

- 2018-2019 Family Support Intake form (enclosed) with both sides completed and signed
- Proof of Disability (must clearly state the diagnosis from the physician or School records)
- Proof of Residency (most current utility bill – this can be in the family's name)
- Proof of Citizenship (copy of Birth Certificate)

Enclosed is a listing of service definitions to assist you with determining the type of services that would be most beneficial for you. **Please return the above requested information ASAP in order to determine eligibility.**
You may return these documents by:

- Mail:
  ATTN: Family Support
  715 Emory Valley Rd.
  Oak Ridge, TN 37830
- Email – see information below
- FAX – see information below

This application is no guarantee that the person will be picked up during this fiscal year which is from July 1, 2018 to June 30, 2019. And since this program depends on the state legislature approving it every year there is no guarantee that the program will be continued.

Assistance with Spanish interpretation is available.
Please contact us if you have questions.

Sincerely,
Regina Wilson, Family Support Director

Regina Wilson, Family Support Director - Phone: (865) 813-0578 Fax: (865) 482-5435 Email: regina.wilson@emoryvalleycenter.com
Brandi Neikirk, Family Support Assistant - Phone: (865) 813-0579 Fax: (865) 482-5435 Email: brandi.neikirk@emoryvalleycenter.com
Estela Granado, Family Support Assistant - Phone: (865) 813-0577 Fax: (865)482-5435 Email: estelagranado@emoryvalleycenter.com

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Department of Intellectual and Developmental Disabilities
2018-2019 Family Support Intake Form

Date: _____

Name of Family Member with a Severe or Developmental Disability: _____

Social Security #: _____ Date of Birth: _____

Name of Primary Family Member(s), if different than above: _____

Family's Address: _____ Phone: _____

_____ Phone: _____

County of Residence: _____ E-mail: _____

Reason for referral to Family Support Program (include information on the impact of disability on the family)

_____

Potential Support Services Needed/Requested (Check services needed):

☐ Before/After Care	☐ Home Modifications	☐ Specialized Equip. & Repair/Maintenance	☐ Recreation/Summer Camp
☐ Behavior Services	☐ Home Maker Services	☐ Specialized Nutrition/Cloth/ Supplies	☐ Vehicle Modifications
☐ Day Care	☐ Nursing/Nurses Aide	☐ Training	☐ Other: _____
☐ Emergency Living Expenses	☐ Personal Assistance	☐ Transportation	☐ Other: _____
☐ Family Counseling	☐ Respite	☐ Health Related	☐ Other: _____

Is the Individual or Family Currently Receiving Other Services (Check all that apply)?

☐ Adoption Assistance	☐ Medicaid	☐ Residential Services	☐ TennCare
☐ CHOICES Waiver	☐ Medicare	☐ Social Security Income	☐ Vocational Rehabilitation
☐ DIDD Waivers	☐ Nursing Services	☐ Social Security Disability Income	☐ PACE
☐ Food Stamps	☐ OPTIONS Program	☐ Supported Living	☐ ECF CHOICES
☐ Foster Care	☐ Private Insurance	☐ Tenn. Early Intervention System	☐ TBI GRANT: _____

To comply with Title VI the following information is requested:

☐ Caucasian	☐ African-American	☐ Hispanic	☐ Other
☐ Female	☐ Male		

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2018-2019 Family Support Intake Form, page 2

If someone other than the family/individual is making a referral:

Name of individual making referral to Family Support: _____

Agency: _____ Phone: _____

Address: _____

Primary Disability – Check which of the following major disability categories is most relevant to the family member with a severe disability as a primary diagnosis:

☐ Autism
☐ Cerebral Palsy
☐ Deaf and/or Blind
☐ Health Impairment
☐ Traumatic Brain Injury
☐ Other
☐ Intellectual Disability
☐ Neurological Impairment
☐ Orthopedic Impairment/ Physical Disability
☐Spinal Cord Injury
☐ Developmental Delay (Birth - 8 y.o.)

Did the person's primary disability occur:
☐ Prior to age 22
☐ At age 22 or after

By signing and dating this Intake Form, I, the person supported or legal representative, indicate that all of the information above is true and accurate. Furthermore, I understand that by providing invalid, inaccurate, or incomplete information could be considered as fraud and result in a criminal investigation, the denial of a claim, and/or disenrollment from the program which would prevent re-application in subsequent years.

_____ _____
Signature of Person Supported or Legal Representative Date

How was this information obtained (i.e. face to face visit, by phone)?

_____

NOTES

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