



FSG Immediate Needs Application/Plan

Applicant Name:	Date of Birth:
Parent/Legal Representative Name:	Gender:
Parent Address:	PMI:
Parent Email:	Parent Phone:
Preferred Language:	Interpreter Needed? Yes No
Email or Mail Communication Preferred? Email Mail	Date Requested:

Eligibility:

Applicants must be under 25 years of age and reside in their family home (parent or adoptive parent).

What is the family’s most recent annual adjusted gross income (Must be below \$130,807.00)?

Applicant determined “certified disabled” according to one of the following:

Eligible for Rule 185 Developmental Disability/Related Condition Case Management

Eligible for Rule 79 – Have a serious and persistent mental health (SPMI) diagnosis

Current State Medical Review Team (SMRT) determination of disability

Applicant receives Social Security Disability

If the participant does not meet eligibility under any of the above reasons, please attach documentation related to the participants disability from any sources (school, ABA/EIDBI, mental health providers, medical professionals). Eligibility will be reviewed by the FSG Supervisor.

Is applicant currently participating in one of the following programs: PCA, CSG, CFSS or Waiver?

PCA CSG CFSS Waiver

Comments:

What is applicant’s diagnosis or disability?



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Describe any medical/developmental concerns or needs:

Are there significant behavioral issues disrupting family life? Yes No If yes, describe:

Are there factors that are increasing stress in the family? (EX. Single parent, family size, other family members with disabilities, low income, outstanding medical bills, recent divorce/separation, loss of job)



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FSG Immediate Needs Plan

Family Support Grant Request up to \$3113.99 for immediate needs in the following areas. Please list item, estimated cost, and disability related need for the expenditure.

Health and Safety:

Respite:

Equipment:



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Other:

Total Amount Requested:

By signing this, you are agreeing to the following:

- All services and items purchased on this grant are related to your child's disability
- The items requested cannot be paid for on medical assistance or private insurance
- Any spending will match the FSG plan, unless a plan change is made
- A record of use of FSG funds must be maintained by the participant for 3 years and reported to Dakota County through use of the FSG Expenditure Report form with receipts attached
- All information within this application is accurate and true

Parent Signature

Date

Social Worker Signature

Date