



Family Support Grant Program

WHAT IS IT? The Family Support Grant Program provides cash grants to families of children, living in their biological or adoptive family home, younger than age 25, and certified disabled. The goals of the program are to help families access disability services and supports, prevent out-of-home placement for children who have disabilities, promote family health and social well-being and support families in transition-related activities for children ages 14-24.

WHO IS ELIGIBLE? Families of children with a certified disability, under age 25, living in the biological or adoptive family home are eligible for the program. Expenditures for children between ages 21 through 24 must be transition related expenses. As of **January 1, 2024**, families must have an **annual adjusted gross income that is less than \$125,635 per year. (The income ceiling is adjusted annually by DHS.)**

Currently, people receiving any waiver services, Personal Care Attendant (PCA) or Consumer Support Grant are not eligible for the Family Support Grant Program.

HOW MUCH CAN A FAMILY RECEIVE? Annual grant of up to \$3,113.99, or monthly grant of \$259.49.

HOW CAN THE GRANT BE USED? The grant must be spent on services and items that are directly related to disability needs of the child. Only expenses that are over and above the normal costs of caring for the child, if the child did not have a disability, may be covered.

Allowable expense categories include:

Computers	Respite Care
Day Care	Specialized Clothing
Educational Services	Specialized Dietary Needs
Medical Services	Specialized Equipment or Modifications
Medications	Transportation

Family Support Grants may not be used for purchases covered by other funding sources, such as private insurance or Medical Assistance. See the Dakota County CDS Expenditure Guide for more information on allowable expenditures.

HOW DO FAMILIES RECEIVE THE GRANT?

1. Ongoing Grant Monthly: This type of grant is helpful for families who have ongoing needs and expenses that occur on a regular basis, such as respite care.
2. One Time Lump Sum Grant: This type of grant is helpful for families who want to apply part or all of an ongoing grant towards the cost of numerous items/services, such as adaptive devices, respite, special equipment and home modifications. Ongoing lump sum grants are limited to \$3,113.99 per year.

WHAT ELSE DO I NEED TO KNOW?

- Families must retain receipts for all expenses for three (3) years.
- Ongoing grants are typically available to a family on an ongoing basis each fiscal year through the annual renewal process, as long as their child remains eligible for the program.

HOW DO FAMILIES APPLY? Families can contact their local county case manager or TeamCSocServ@co.dakota.mn.us to request an application.

Additional information, FSG guides and forms can be found online at: <https://www.co.dakota.mn.us> and search for *Family Support Grant*.

For questions regarding FSG funding, contact Janeen Coyan at (651)554-6015 or janeen.coyan@co.dakota.mn.us.

Family Support Grant Application

Name of Applicant: _____ Date of Birth: _____

Parent/Legal Representative Name: _____

Address: _____ Phone: _____

_____ Email: _____

Case Manager: _____ Phone: _____

Please list all members of the household:

Name	Age	Relationship/Special Needs/Considerations
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adjusted Gross Income from most recent 1040 or 1040A: \$ _____

*MR/RC and LTC waiver recipients are not eligible for a grant. Also, individuals/families with income over \$111,102 per year are not eligible except where hardship is determined in accordance with County policy.

Is the client eligible based on income?

Yes No – If no, the client will be put on the waiting list with an asterisk noting that they must have an approved hardship request prior to getting a grant.

Is the client on CSG, PCA, or waiver program? Yes No

Financial/Service Resource: (Check all that apply.)

Private Insurance Medical Assistance/TEFRA/MN Care CSG

SSI - Amount \$ _____ SSDI - Amount \$ _____ VA Benefits-Amount \$ _____

Account Management or County Funded Services - Amount \$ _____

PCA/Nursing Care: Numbers of hours per week: _____ Approved _____ Utilized _____

Other – Please describe: _____

Information on child:

A. Diagnoses _____

B. Medical Needs

Vision impaired? Yes No Comments: _____

Hearing impaired? Yes No Comments: _____

Seizures? Yes No Comments: _____

C. Gross Motor Skills

Ambulatory? Yes No Comments: (Wheelchair, dependent on another, assists with transfers, weight hearing, etc.)

D. Equipment/home modification needs?

Yes No Comments: (AFO's, stander, ramping, etc.):

E. Therapy needs?

Yes No Comments: (O.T, P.T. individual counseling, etc.):

F. Sensory needs?

Yes No Comments: (hypersensitive to stimuli, sensory program)

G. Activities of Daily Living (Check one in each category):

Toileting?

Independent Minimal assist (verbal or physical) Physical assist Total care

Comments: (scheduled, diapered, cathed, bowel program, etc.) _____

Eating?

Independent Minimal assist (verbal or physical) Physical assist Total care

Comments: (choking, G-tube, food allergies, etc.) _____

Dressing?

Independent Minimal assist (verbal or physical) Physical assist Total care

Comments: (spasticity, frequent clothing changes, etc.) _____

Grooming/bathing?

Independent Minimal assist (verbal or physical) Physical assist Total care

Comments: _____

H. Communication Skills?

Verbal? Yes No

Comments: _____

Can make needs known?

Yes No

Comments: _____

Augmentative Communication System/Device needed? Yes No

Comments: _____

I. Supervision Needs (Check one)

24 hour awake supervision

Eyes on supervision during awake hours

24 hour plan of care

Minimal supervision

Comments: _____

J. Behavior Checklist (rate according to intensity)

_____ Eating non-nutritive substance

Intensity Scale:

_____ Injurious to self

1 = None

_____ Physical aggressive

2 = Mild

_____ Verbally/gesturally aggressive

3 = Moderate

_____ Inappropriate sexual behavior

4 = Severe

_____ Property destruction

5 = Very Severe

_____ Runs away

_____ Breaks laws

_____ Temper outbursts

_____ Other – describe: _____

K. Other factors – please describe below (examples – martial situation, sibling issues, lack of informal supports, housing issues, financial hardship, placement urgency, etc.) _____
