



## Community Health Outreach Project 2023 Guidelines for Funding Assistance

### Mission

The Community Health Outreach Project (CHOP) is a grant program funded by the Mother Cabrini Health Foundation and administered by the Cerebral Palsy Associations of New York State (CP State) to provide financial assistance for the purchase of equipment, services, supplies, and other supports needed by individuals with intellectual, developmental, and other significant disabilities when all other funding opportunities have been exhausted.

### Vision

CHOP seeks to assist people with disabilities of all ages living within New York State by addressing the shortcomings in current funding systems. Funds through CHOP will provide access to supports for individuals in an effort to increase their health status and promote community participation. By removing barriers and offering assistance unavailable to them through other sources, CP State can do its part to improve social and environmental living conditions while promoting quality of life. CP State will focus on health measures and outcomes as well as the social determinants of health to identify priorities for funding and enable people to remain independent and active within their homes and communities.

### Definitions

For purposes of clarification, please note the following definitions for this application form:

- Recipient – defined as the person with a disability who will receive the benefit of funding through this process
- Caregiver – defined as the person submitting this application on behalf of the Recipient, if the Recipient is not submitting the form on his or her own

### Eligibility Requirements

To be eligible for consideration of funding:

- 1) The Recipient must reside within New York State.
- 2) The item/service to be purchased must fall within the Project time period, which is January 1, 2023 through December 31, 2023. Direct cash assistance is not provided under any circumstances. Therefore, you cannot be reimbursed for payments already made to suppliers, contractors, agencies, physician offices, etc.
- 3) The total Household Income must be at or below 200% of the 2023 federal poverty level to qualify, which is:

a. \$29,160 or less for a household of 1	f. \$80,560 or less for a household of 6
b. \$39,440 or less for a household of 2	g. \$90,840 or less for a household of 7
c. \$49,720 or less for a household of 3	h. \$101,120 or less for a household of 8
d. \$60,000 or less for a household of 4	i. \$111,400 or less for a household of 9
e. \$70,280 or less for a household of 5	j. \$121,680 or less for a household of 10

### Funding Opportunities

CHOP provides funding for the purchase of equipment, services, supplies, and other supports needed by persons with disabilities when other funding options, such as Medicaid, Medicare, other government programs, private insurance, and other foundations/grants, have been explored and deemed unavailable.

## Funding Limitations

This Project has a limited amount of funding to award during the year. Therefore, applications will be handled on a first-come, first-serve basis. All completed applications will be considered by the Awards Committee provided funding is still available at the time of receipt of application. There is no guarantee of funding or approval of your request. During 2023, only one application per household may be submitted. The application is limited to one item or service and is subject to a maximum funding allowance of \$1,000.

## Payments

Payments from CHOP will be made directly to their sources such as suppliers, physician offices/clinics, or online vendors, as noted in your application and supporting documentation. CHOP will fund services to be rendered or equipment/supplies to be purchased during the Project period, which is January 1, 2023 through December 31, 2023. **Direct cash assistance to applicants is not provided under any circumstances.** Therefore, you cannot be reimbursed for payments already made to suppliers, contractors, agencies, physician offices, etc.

## Supporting Documentation

In order to be considered for funding, appropriate documentation must be submitted with your application form:

- 1) A written notice from the Recipient's physician indicating why the item/service requested in the application is critically or medically necessary for the Recipient.
- 2) Since payment will be made directly to its source, you must provide documentation validating your request. Examples include, but are not limited to:
  - a. An invoice from a physician office/clinic that requires payment for services rendered.
  - b. A complete description, including manufacturer, model number, and cost of the item/equipment to be purchased, along with where the item/equipment will be purchased (i.e., a printout from Amazon). CP State will order and pay for the item/equipment from the supplier and have it shipped directly to the Recipient's residence.

In all instances, you must indicate the reason why Medicaid/Medicare/Insurance Plan would not cover the cost for the requested service or item for the Recipient (see Page 2 of application form).

## Consent to Release Information and Affirmation

All applicants must consent to release information to CP State for verification purposes and affirm that all information furnished in the application form and supporting documentation is true and accurate. A signature is required on Page 4 of the application form ensuring you have sought funding through all other channels before applying to CHOP. Unsigned forms will be ineligible for funding.

## Submission Process

Applications must be completed in their entirety including the submission of supporting documentation. Incomplete or unsigned forms will be returned to the Recipient or Caregiver before any review by the Awards Committee.

### *If application is sent via mail:*

Cerebral Palsy Associations of NYS, Inc.  
3 Cedar Street Extension, Suite 2  
Cohoes, NY 12047  
Attn: Cindy J. Morris, Project Director

### *If a scanned application form is sent electronically:*

Send email with attachments to [cmorris@cpstate.org](mailto:cmorris@cpstate.org).

### *If application is sent via fax:*

Fax to (518) 436-8619, Attn: Cindy Morris

## Award Process

Applications will be reviewed on a monthly basis by the Awards Committee. Fully-completed applications must be received by the deadlines noted below for review by the Awards Committee on the dates shown for each month.

Fully-Completed Applications Must Be Received By	*Applications Will Be Reviewed By Awards Committee On	Award Notifications Will Be Sent To Applicants By
February 20, 2023	February 27, 2023	March 6, 2023
March 20, 2023	March 27, 2023	April 3, 2023
April 17, 2023	April 24, 2023	May 1, 2023
May 15, 2023	May 22, 2023	May 29, 2023
June 19, 2023	June 26, 2023	July 3, 2023
July 17, 2023	July 24, 2023	July 31, 2023
August 21, 2023	August 28, 2023	September 4, 2023
September 18, 2023	September 25, 2023	October 2, 2023
October 16, 2023	October 23, 2023	October 30, 2023
November 20, 2023	November 27, 2023	December 4, 2023
December 11, 2023	December 18, 2023	December 22, 2023

*\*The Awards Committee meeting dates may change slightly if unforeseen circumstances create scheduling conflicts.*

## Questions

For further information or if you have any questions regarding the Community Health Outreach Project, please contact:

Cindy J. Morris  
Project Director  
Cerebral Palsy Associations of NYS, Inc.  
Direct Phone: (518) 612-4510  
Email: [cmorris@cpstate.org](mailto:cmorris@cpstate.org)