



## Community Health Outreach Project 2025 Guidelines for Funding Assistance

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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 (I/DD) when all other funding opportunities have been exhausted.

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. 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. We will focus on health measures/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.

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### Definitions

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

- Recipient – defined as the person with I/DD who will receive the benefit of funding through this process
- Caregiver – defined as the person who tends to the needs of the Recipient
- Intellectual and Developmental Disabilities – defined as severe chronic disabilities that can be cognitive or physical or both, which appear before the age of 22 and are likely to be lifelong. In general, a developmental disability includes, but is not limited to, people who have an intellectual disability, autism, cerebral palsy, severe seizure disorder or a severe head injury that occurs before the age of 22.

### Eligibility Requirements

To be eligible for consideration of funding:

- 1) The Recipient must reside within New York State.
- 2) The item/service must be medically or critically necessary and will be funded during the Project time period, which is January 1, 2025 through December 31, 2025.
- 3) The total Household Income must be at or below 200% of the 2025 federal poverty level to qualify, which is:
  - a. \$30,120 or less for a household of 1
  - b. \$40,880 or less for a household of 2
  - c. \$51,640 or less for a household of 3
  - d. \$62,400 or less for a household of 4
  - e. \$73,160 or less for a household of 5
  - f. \$83,920 or less for a household of 6
  - g. \$94,680 or less for a household of 7
  - h. \$105,440 or less for a household of 8
  - i. \$116,200 or less for a household of 9
  - j. \$126,960 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. CHOP is not a reimbursement program, so you cannot apply for funding for purchases already made. Direct cash assistance is not provided under any circumstances.

### Examples of funding opportunities include, but are not limited to:

- mobility chairs
- iPads (for communication needs)
- hearing aids
- shower chairs
- hoyer lifts
- wheelchairs
- wearable GPS devices
- activity chairs
- bathroom safety bars
- orthotics
- portable wheelchair ramps
- eyeglasses
- bath lifts

### Items that are excluded from the CHOP grant, but are not limited to:

- beds
- mattresses
- furniture
- groceries
- vehicle modifications
- extended warranties
- equipment assembly services
- subscription fees
- clothing

Please be sure that the item you request in the application form is the exact product/service needed by the Recipient. Once an item is ordered from a vendor, no returns or substitutions will be allowed.

All funding awards are determined by the CHOP Awards Committee based on the information submitted in your application.

## 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. Only fully completed applications will be considered by the Awards Committee provided funding is still available at the time of receipt. There is no guarantee of funding or approval of your request.

During 2025, 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. If the amount of the item/service exceeds \$1,000, the Recipient/Family will be responsible for paying the balance owed to the vendor for any amount over \$1,000.

***NOTE:*** *If you are requesting funding for a Medicaid-approved service or device, the Awards Committee may deny your application. CHOP funds are available to assist when Medicaid rules prevent an individual from receiving a service or device in a timely manner (i.e., waiting three years for a new hearing aid).*

*For example, if you are requesting funds for a particular speech therapist who does not accept Medicaid, your application may be denied since speech therapy is an approved Medicaid service and there are therapists available who do accept Medicaid.*

## 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, 2025 through December 31, 2025. **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, as noted below:

- 1) A recommendation letter from the Recipient's physician indicating why the item/service requested in the application is critically or medically necessary.
- 2) Since payment will be made directly to its source, you must provide documentation validating your request. Examples include:
  - 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 the application form under "Insurance Information").

## 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 the application form. Unsigned forms will be ineligible for funding.

## Testimonial and Photo

If funding is awarded, we may wish to use Recipient's first name, photo, and story to inform our grant funder, The Mother Cabrini Health Foundation, about the generous support provided by the Community Health Outreach Project and CP State to the Recipient. Additionally, these testimonials assist CP State in securing new funding for 2026 so we can continue to offer CHOP to individuals in need. Your written testimonial would be greatly appreciated.

## 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 via email:*

Send to Cindy Morris at [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
~~~ No Awards Committee Meeting will be held in January 2025 ~~~		
02/17/25	02/24/25	03/03/25
03/17/25	03/24/25	03/31/25
04/14/25	04/21/25	04/28/25
05/14/25	05/21/25	05/26/25
06/16/25	06/23/25	06/30/25
07/14/25	07/21/25	07/28/25
08/18/25	08/25/25	09/01/25
09/15/25	09/22/25	09/29/25
10/20/25	10/27/25	11/03/25
11/17/25	11/24/25	12/01/25
12/10/25	12/17/25	12/24/25

*\*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)