

Children at Home Program

Please read application carefully before completing

The following is an application for you to receive assistance through the Children at Home program. The Children at Home program is designed to assist you and your family in securing the services and supports that you identify as necessary in helping your child remain at home. An underlying principle of the Children at Home program is that you and your family retain control of decisions which affect your child and family. Financial assistance is intended to enable you to obtain those services and supports which are not met by other programs.

To qualify for the Children at Home program:

- **You and your family must reside in the state of Iowa.**
- **Your family must include a child with a disability, which is defined as an individual who is less than 22 years of age and meets the definition of developmental disability.**
- **Your family's intent is to secure those services and supports that would enable your child to remain living in the family home.**
- **Your family's Federal Net (not gross) taxable income for the most recent tax year is less than \$60, 000.**

If your qualification for the Children at Home Program is denied you may file an appeal. All appeals must be requested in writing. Your letter should include documentation that was not submitted with the original application from any of the following professionals who are knowledgeable of your child's disability affirming that the decision should be reversed.

- Medicaid Case Manager
- AEA director of special education or designee
- Local school administrator or designee
- Independent living specialist
- Occupational or Physical Therapist
- Physician
- Vocational rehabilitation counselor

If you have any questions about this program or want to apply for assistance please contact the Iowa Family Support Network. Please mail completed applications to:

Iowa Family Support Network

1111 9th street, suite 320

Des Moines, IA 50314

Fax: 515-558-9994

1-888-IAKIDS1 (1-888-425-4371)

WWW.IAFAMILY SUPPORTNETWORK.ORG

Children at Home Application

Section 1: Child and Family Information

Family Information		
Child's Name		
Date of Birth	Child's Gender	County
Current Address		
City	State	Zip Code
Parent/Guardian Names		
Does Child live with Parents?	If No, Child's Address	
Language Spoken	Email Address	
Phone Number	Additional Phone Number	
Child's Race	Child's Ethnicity	

Disability Information		
Child's Diagnosis:		
Please indicate all of disabilities from the list below that apply to your child.		
<input type="checkbox"/> Autism	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Serious emotional disorder
<input type="checkbox"/> Blindness/visual impairment	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Spina bifida
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Muscular dystrophy	<input type="checkbox"/> Deafness and blindness
<input type="checkbox"/> Deafness/ Hearing impairment	<input type="checkbox"/> Orthopedic impairment	<input type="checkbox"/> HIV infection
<input type="checkbox"/> Epilepsy/seizure disorder	<input type="checkbox"/> Speech/language impairment	
Other:		

Section 2: Eligibility

Income Verification
List family's Federal Net Taxable Income for the most current tax year:
Your federal net taxable income is indicated on the second page of the federal 1040 tax form. A signed copy of your federal income tax return from the most recent tax year must be submitted within 10 days of submitting this request.* Do not submit any of the attachments or schedules. The copy of the tax return will be kept on file for the current fiscal year.
<small>*Please contact an Intake and Referral Specialist if you do not file taxes for alternate income verification options.</small>

Disability Verification
Option A: Your child is receiving services from Home and Community Based Services (Intellectual Disability(ID), Health & Disability (HD), Brain Injury (BI), Physical Disability(PD), Child Mental Health (CMH) Waiver or Supplemental Security Income (SSI).
Option B: Your child is NOT receiving services from Home and Community Based Services -(Intellectual Disability(ID), Health & Disability (HD), Brain Injury (BI), Physical Disability (PD), Child Mental Health (CMH) Waiver or Supplemental Security Income (SSI).

Disability Verification Option A:	
If your child is receiving services from one of the programs listed below, your family is deemed to have met the eligibility criteria of having an individual with a disability residing in their home:	
<input type="checkbox"/> Home and Community Based Services (Intellectual Disability(ID), Health & Disability (HD), Brain Injury (BI), Physical Disability(PD), Child Mental Health (CMH) Waiver	
Waiver Case Manager's Name:	County:
<input type="checkbox"/> Supplemental Security Income (SSI)* *please submit a copy of your child's SSI award letter along with the application.	

Disability Verification Option B:		
Your child is NOT receiving services from Home and Community Based Services (Intellectual Disability(ID), Health & Disability (HD), Brain Injury (BI), Physical Disability(PD), Child Mental Health (CMH) Waiver		
You will need to obtain verification that your child meets the definition of developmental disability. The signature may be from any of the following professionals who are knowledgeable of your child's disability:		
Medicaid case manager, AEA director of special education or designee, Local school administrator or designee, Independent living specialist, Occupational or physical therapist, Physician, Vocational rehabilitation counselor		
The Children at Home program is designed to provide supports and defray costs of caring for children at home for families who are not being served or are being underserved through other service delivery or payment systems.		
In order to determine eligibility for the Children at Home program, your help is requested in verifying your child's disability. I authorize the release of information related to my child's disability.		
Child's Name	Date of Birth	
Parent Signature:		Date:

Professional Certification		
The above-named child has a developmental disability as defined in 42 U.S.C. § 6001. Persons with developmental disabilities have severe, chronic conditions that:		
Are attributable to a mental or physical impairment or combination of mental and physical impairments;		
Are manifested before the person attains age 22;		
Result in substantial functional limitation in one or more of the following areas of major life activities:		
Self-care Receptive and expressive language Learning Mobility	Self-direction Capacity for independent living Economic self-sufficiency	
Reflect the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.		
Professional Certification: I hereby verify that the above-named child has a developmental disability as defined above.		
Printed Name:	Title or License Number:	Date:
Signature:		

Request for Children at Home Funds

Child's Name:	Child's Date of Birth:
Description of Item/Service Requested: One item/service per form	
<p>*Proof of payment will be required for all reimbursements. * Please include order information, size, color, or other needed information to place order</p>	
Total Cost of Item:	Amount of Children at Home Funds Requested:
Who is to be Reimbursed: Family or Name of Provider and Mailing Address	
<p>How would you like to receive funds?</p> <input type="checkbox"/> EFT- Electronic Fund Transfer (for this option please include a voided check) <input type="checkbox"/> Check mailed to address on file for reimbursements or Service Provider with Invoice <input type="checkbox"/> Children at Home to Purchase item (item shipped to address on file unless noted)	

Professional Statement: Please follow the format below when writing your statement.

<p>I, _____ (print name), care for the above named child and I am aware he/she demonstrates/displays the following behaviors or symptoms _____, _____, _____ due to their diagnoses of _____. Providing child with the following item/service _____ will benefit them by _____.</p>
<p>Printed Name:</p>
<p>Provider Signature: _____ Title or License Number : _____ Date: _____</p>

<p>I declare that this information is true to the best of my knowledge. My family resides in the state of Iowa. My child has a disability, and it is my intent to have my child remain living in my home. Services and supports purchased with these funds will not be used to replace other services or supports available to my family, including Medicaid and the Family Investment Program (FIP).</p>
<p>Parent Signature: _____ Date: _____</p>

EFFECTS OF CHILDREN AT HOME ASSISTANCE ON OTHER PROGRAMS/INCOME

On Income Tax:

According to an Internal Revenue Service Advisory opinion, income received pursuant to assistance under the Children at Home program (CaH) is not taxable for Federal Income tax purposes to the extent that the subsidy does not exceed actual expenses incurred for the care of the family member.

On Family Investment Program (FIP):

If you receive FIP payments, assistance received under the CaH program should not affect your eligibility provided you do not use the subsidy for your own basic needs of shelter, utilities, household supplies, food, clothing, personal care and supplies, medicine chest items, bus fares, telephone, newspapers and magazines. You may not use the subsidy for the special needs which include school expenses, guardianship/conservator fees, the expenses of Individual Education and Training Plan programs, and children care while enrolled in a Job Training Partnership Act training plan. If you have any questions regarding your FIP benefits talk with your income maintenance worker.

On Supplemental Security Income (SSI):

It is our understanding that the assistance received under the CaH program would not be counted in determining income eligibility. If you have questions regarding this contact the Social Security Administration office.

On U.S. Department of Housing and Urban Development (HUD), Section 8:

It is our understanding HUD will not consider assistance received under the CaH program as income when determining participation in the Section 8 program.

On Food Assistance:

Assistance received under the CaH program is not considered income for food assistance. If you have questions regarding your food assistance talk with your income maintenance worker.

On Medicaid and/or Medicaid Home & Community Based Services Waiver:

Being on the subsidy does not affect your eligibility for these programs and being on these programs does not affect your eligibility for assistance received under the CaH program.

Do you have everything needed for the Children at Home application?

Make sure the whole application is filled out and you have attached any supporting documents*.

The Children at Home program functions within a Fiscal Year, July 1- June 30. Your application, once approved, is only on file for the current fiscal year. A new application will be required each fiscal year.

*Check with your intake and referral specialist for specific deadlines for submitting documentation.

Checklist

- Income Verification- copy of my taxes (pay stub or SSI letter if taxes not filed)
- Professional Certification- Is there a signature certifying my child's disability
- Request for funds page filled out completely
- Request for funds explanation filled out and signed by a professional
- If you selected "check mailed to address on file," did you include a receipt or invoice for the item or services purchased
- If requesting reimbursement for respite services, is the respite log attached, complete with child's name, date, signature of both parent and respite worker
- If you selected "Children at Home to Purchase item (item would be shipped to address on file)" did you include information on where Children at Home can purchase the item and any item specifics (color, sizing, etc.)
- If Children at Home is to directly pay or reimburse an organization, did you include an invoice of the service with date and child's name?
- If Children at Home is to pay an organization, a W-9 tax form must be filled out by that organization.
- Release of information form signed

All forms can be found at [Children at Home](#)