



## Personal Needs Funding Request

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

TCM: \_\_\_\_\_ Phone: \_\_\_\_\_

Item(s) being requested: \_\_\_\_\_

Medicaid? YES  NO

FY19 Personal Needs Funding Used: \$ \_\_\_\_\_ Funding Requested: \$ \_\_\_\_\_

Size \_\_\_\_\_ Brand \_\_\_\_\_

Size \_\_\_\_\_ Brand \_\_\_\_\_

Quantity \_\_\_\_\_ Unit cost \$ \_\_\_\_\_

Quantity \_\_\_\_\_ Unit cost \$ \_\_\_\_\_

Total amount requested \$ \_\_\_\_\_

Total amount requested \$ \_\_\_\_\_

Number of people living in the home: \_\_\_\_\_ Adults \_\_\_\_\_ Children

**Average Monthly Income (net)**

SSI/SSDI	Food Stamps (vision card)
Family Subsidy/Support	Employment
General Assistance	Alimony/Child Support Received
Temporary Aid for Needy Families	Trust Fund/Adoption Subsidy
Other (please explain)	<b>Total Income:</b>

**Average Monthly Expenses**

Mortgage/Rent	Electric/Gas
Phone/Cable	Water/Trash
Food/Laundry	Clothing
Transportation	Child Support/Alimony Paid
Insurance	Child Care
Other (please explain)	<b>Total Expenses:</b>

Please include average income/expense information to determine ability to "self-fund" the requested service. Household income/expense information is required for those living with family/guardian regardless of age.

Route of purchase:

CDDO Order

Receipt Reimbursement

Payable to Agency/Vender

**Explanation of Need: (also attach Letter of Medical Necessity) :**

**Other Funding Sources attempted: (provide documentation)**

Name of Source	Amount of Match Funds	Reason for denial

- *Please attach copy of original receipt if requesting reimbursement for items*
- *A bid for items being ordered by the CDDO must accompany request*
  - *Bids must include tax and shipping (if applicable)*