

EFFECTIVE JULY 1, 2015

## **ACHIEVA Family Trust Charitable Residual Account Instructions and Application**

ACHIEVA Family Trust (AFT) serves as corporate trustee for several kinds of Special Needs Trusts benefiting individuals with disabilities. These trusts allow beneficiaries to preserve eligibility for essential government services while enhancing their quality of life. One type of trust is a Pooled Trust. When an individual with a disability creates a Pooled Trust with AFT, they know that any funds that might be left when they pass away will go into the Charitable Residual Account to benefit individuals with disabilities. AFT distributes money from the Charitable Residual Account to provide supports for people with disabilities to enhance their quality of life. To many people, the fact that their funds might ultimately help individuals with disabilities in need is very meaningful.

### **APPLICATION INFORMATION AND INSTRUCTIONS**

In order to ensure that your application is given full consideration, please read the following application instructions carefully, and check to make sure that all supporting documentation is included with your application. **Only fully completed applications will be given consideration. Incomplete applications cannot be processed.** Funds in the Residual Account are to be used as a last resort, when there is no other funding available for the services or support.

- Applications will be reviewed on a quarterly basis. The quarterly application due dates are:

**January 1**

**April 1**

**July 1**

**October 1**

- Applications submitted after these deadlines will be held until the next quarter.
- An applicant is eligible to receive a grant once every 2 years; however applicants may apply for camp and other recreational funding on an annual basis.
- Emergency requests will be considered on case by case basis.
- Checks will be made payable to the vendor and not directly to the individual or family.
- **Receipts or copies of paid invoices must be submitted to substantiate the purchase of goods or services.**

The ACHIEVA Family Trust Residual Account will not be responsible for any fees or costs related to the service or support above the approved dollar amount. These instructions, procedures and application are subject to change at any time and without notice.

**Applicants are encouraged to review the Residual Handbook prior to submitting an application.**

## **ACHIEVA Family Trust Residual Application**

A. **Date of completion:** \_\_\_\_\_

B. **Applicant:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address: 1 \_\_\_\_\_

2 \_\_\_\_\_

State/County of Residence: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Disability: \_\_\_\_\_

Does the applicant have an employment or service provider relationship with ACHIEVA?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

C. **Type of Residence:**

\_\_\_\_\_ Home or Apartment Own \_\_\_\_\_ Rent \_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_ Foster Care/Family Living

\_\_\_\_\_ Intermediate Care Facility

\_\_\_\_\_ Community Living Arrangement

\_\_\_\_\_ Community Residential Rehabilitation (CRR)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

D. **Purpose of Requested Funds:** \_\_\_\_\_

E. **Amount Requested:** \$ \_\_\_\_\_

**F. Please explain how the product or service will improve the quality of life for the individual?**

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**For service requests, how long is the service expected to last?**

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**For adaptive equipment, will the product grow with the individual's needs?**

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**G. Who is recommending the product or services for the applicant :**

**\*Check all that apply**

- Applicant
- Family
- Supports Coordinator
- Physician
- Therapist
- Other (please explain): \_\_\_\_\_

**H. Suggested Vendor: \_\_\_\_\_**

**Is there a relationship between the applicant and vendor?:** \_\_\_ Yes \_\_\_ No

**If Yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**I. Applicant's Household:**

Total persons: \_\_\_\_\_

Total annual household income:

- Below \$30,000
- \$30,000-\$50,000
- \$50,000-\$70,000
- \$70,000-\$90,000
- \$90,000-\$110,000
- \$110,00+

**Please address why the individual/family is unable to pay for the product or service:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. Benefits and Services Received by Applicant (please check all that apply):**

- \_\_\_ SSI
- \_\_\_ SSDI
- \_\_\_ Wages
- \_\_\_ Other Income: \_\_\_\_\_
  
- \_\_\_ Medicaid
- \_\_\_ Medicare
- \_\_\_ Private Health Insurance
  
- \_\_\_ Medicaid Waiver: Date of budget update/review: \_\_\_\_\_
- \_\_\_ MH/ID Base Services
- \_\_\_ Family Support Services (FSS)
  
- \_\_\_ Food Stamps
- \_\_\_ HUD Housing/Section 8
- \_\_\_ Other: \_\_\_\_\_

**If applicant receives Medicaid Waiver, MH/ID, or FSS funding, has a request been made and denied to pay for the item or service requested on this application?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**What other types of funding have been explored?:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Please attach copies of proof of requests made to other funding sources as well as determination letters from all other funding sources.**

**K. Is the requested support or service reflected on the individual's Support Plan?**

\_\_\_ Yes    \_\_\_ No

**L. Applicant's Supports Coordinator/Service Coordinator:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: 1 \_\_\_\_\_

2 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

**M. Individual Completing Application: \_\_\_\_\_ Check if same as above**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

**N. Request Checklists: Please make sure that you submit ALL of the required documentation as outlined below with your application.**

### **Camp/Recreation**

- Brochure/Other published description of the camp such as website information with prices included
- Invoice showing dates of camps/breakdown of cost or registration form
- A support letter (signed and on letterhead) from a professional not affiliated with the camp
- Proof of denial of payment from funding sources such as ESY (Extended School Year), if applicable

Note: Camp and recreation applications may be submitted on an annual basis

### **Medical**

- Two bids from different vendors (for items over \$500)
- A support letter (signed and on letterhead) from a professional ( ie. Doctor or Physician)

### **Product or Supplies**

- Two bids from different vendors (for items over \$500)
- A support letter (signed and on letterhead) from a professional
- Requests for iPads do not require bids
  - Note: letter must be from a professional who will oversee the therapeutic use of the iPad

### **Disability-Related Modifications**

- Two bids from different contractors including diagrams

Note: Bids must detail comparable work and materials

- Proof of insurance from licensed contractors ie) auto, liability, workers comp
- A support letter (signed and on letterhead) from a professional
- Current pictures of area to be modified (\*Note: If grant is approved, pictures of the completed work must be submitted as well.)
- Proof of home ownership/authorization from landlord to perform the work requested

### **Caregiving**

- Proof of denial letters from other funding sources (Examples: Waiver, FSS, Base Funding, ODP, Health Insurance, etc.)
- A support letter (signed and on letterhead) from a professional
- Suggested vendor/agency with information on hourly rates and proposed number of hours

**O. I certify that the information contained in this application is true and correct to the best of my knowledge information and belief. I understand that the submission of**

**this Application is not a guarantee that the request will be approved for funding. If the Application is approved, I further understand that a Joinder Agreement to The Family Trust Master Trust Agreement will need to be completed by an appropriate party before any funds will be disbursed.**

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**Signature of Individual Submitting Application**

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**Supervisor Signature**

**(\*\*Required if application is submitted by a Supports Coordinator/Case Manager)**

## **HOW TO APPLY**

Please submit application and ALL required accompanying documentation via mail, fax or email as outlined below:

**Address:** 711 Bingham Street Pittsburgh, PA 15203  
Attention: Residual Account Coordinator

**Fax:** 412-995-5013

**Email:** residual@achieva.info

It is strongly suggested that applicants submit their applications as soon as possible and not wait until the application deadline in case the application is found to be missing any required documentation.

For any questions in regards to the application process or If the applicant does not have access to a computer, please contact ACHIEVA Family Trust at 412-995-5000 x 565.