

KENTUCKIANA HEART & HANDS, INC.

LETTER OF INTRODUCTION

Kentuckiana Heart & Hands is a not-for-profit organization established to help families and caregivers meet the needs of adults with disabilities who wish to remain in their homes and receive services.

The objective of the organization is to raise emergency funds that can be used in meeting the needs of adults with disabilities that are not covered by any other funding source, provide information and emotional support to families and caregivers, raise public awareness of adults with disabilities who want and need in-home services.

Kentuckiana Heart & Hands is governed by a Board of Directors and comprised of 3 to 7 members.

Any persons seeking assistance from the Kentuckiana Heart & Hands organization will need to complete our grant application and return it by mail to...Kentuckiana Heart & Hands

c/o Liz Sneed
10330 Bunsen Way
Louisville, KY 40299

Kentuckiana Heart & Hands desires to assist individuals with addressing their service needs, however if no service need is determined or it is determined that there are sufficient other funding sources in place to address the need, no funding will be awarded.

Kentuckiana Heart & Hands can award up to \$500 per service request, however your award, if any, will be determined based upon proof of any additional funds needed to cover the cost of the service or item(s) being purchased. Any award received from Kentuckiana Heart & Hands will be made payable by check directly to the party providing the service or item(s).

KENTUCKIANA HEART & HANDS, INC.

GRANT APPLICATION

Recipient Name: _____ Date of Birth: _____

Medicaid #: _____ Gender (M/FM): _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Waiver Name: _____ Other Assistance Received: _____

Parent(s)/Guardian: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ E-mail address: _____

Case Manager Name: _____ Case Manager Agency: _____

Case Manager Contact Information: _____

Amount of Funds Requested: _____ Item/Service Needed: _____

Explanation for Request: _____

Have you requested assistance from any other program(s)? If so, what amount was approved, if any?

I declare that the information contained in this application are true and that member(s) of the Kentuckiana Heart & Hands Review Panel may seek to confirm this information prior to deciding to fund my request. Kentuckiana Heart & Hands also reserves the right to contact you with questions if they arise while processing your application.

Signature & Date of Requesting Party: _____

Signature & Date of Parent or Guardian (if applicable): _____

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS SPACE

Medicaid Confirmation _____ (Initial)

Case Management Confirmation _____ (Initial)

Other Funding Source Confirmation _____ (Initial)

Approved or Denied (Circle)

If denied, state reason for denial and initial: _____

KENTUCKIANA HEART & HANDS, INC.

AUTHORIZATION FOR RELEASE OF INFORMATION

Name

Address

City

State

Zip Code

Date of Birth

_____-_____-_____
Social Security Number

Agencies authorized to receive/share records: _____

Contact Name: _____ **Contact Phone:** _____

I hereby authorize Kentuckiana Heart & Hands or the representative thereof, to inspect and copy or release to the above-named agency:

- (1) All medical records needed to determine medical need/necessity of service or item being requested.
- (2) Medicaid records.

I further authorize and request each health care provider to cooperate with the bearer of this Authorization and, upon request, to give the bearer a full medical narrative report.

All prior Authorizations are hereby cancelled. A photocopy hereof shall be considered fully as the original copy.

Signature of Responsible Party/Relationship

Date