



Developmental Disabilities Program Scholarship Application

Skagit County Public Health

700 S. South Second Street, #301 Mount Vernon, WA 98273
(360) 416-1509 ✦ Fax (360) 416-1502

The Skagit County Developmental Disabilities Advisory Board allocates funds annually to help support qualified individuals with developmental disabilities meet goals for employment or community inclusion. Availability of the Developmental Disabilities Advisory Board scholarship throughout the year is dependent upon annual funding allocations.

For residents of Skagit County, the scholarship can fund activities such as:

- Stipends to workshops or training events
- Costs for material fees to participate in the class or activity
- Registration fees for activities or classes that the general community enjoys
- Costs to remove barriers so that you can participate in community activities or classes, including assistive technology to improve communication deficits

Requirement of scholarship applicants:

- You must be a Skagit County resident with developmental disabilities aged 18 or older to be eligible. Priority will be given to individuals who demonstrate financial need AND are developing work related skills or have few community participation opportunities.
- We ask that people participating in this scholarship program **contribute 10%** of the total costs, or a minimum of \$5.00. Special consideration may be granted if this causes a financial hardship.
- In order to allow this resource to all eligible Skagit residents, only one scholarship per individual per year will be awarded.
- Be available to respond to Developmental Disabilities Advisory Board to share how the scholarship has benefitted you.
- Additional specific requirements for those requesting assistive technology scholarships are attached.

The following types of requests will not be funded:

- Ticket purchases to watch sporting events
- Non-inclusive activities unless it is a specialized training event
- Activities which you have successfully tried in the past two years or supplies for on-going activities for which you've already received funding
- The Developmental Disabilities Advisory Board reserves the right to deny any individual request on a discretionary basis.

Process for applying for a scholarship:

- Submit attached scholarship application to:
Skagit County Public Health
Developmental Disabilities Program
700 S. 2nd Street, #301
Mount Vernon, WA 98273
- The Developmental Disabilities Advisory Board will review and make a determination at their monthly meeting the second Tuesday of every month except August.
- Program staff will communicate approval to you and next steps in arranging for payment.
- Scholarship awards need a minimum of two weeks' notice prior to the start of the class or activity to process.

The maximum scholarship award is \$300. Social and recreational activities will be considered up to \$150.

ASSISTIVE TECHNOLOGY SCHOLARSHIP CRITERIA and GUIDELINES

The Skagit County Developmental Disabilities Advisory Board understands that communication is a critical component of a happy and whole life. This scholarship opportunity is focused on supporting an individual with developmental disabilities to have a consistent means of communicating in all settings in their life, especially in community settings such as the workplace. The primary purpose is to help individuals with intellectual/developmental disabilities that include communication deficits increase successful communication with their peers, community, and co-workers.

Guidelines

The Developmental Disabilities Scholarship is designed to assist individuals with developmental disabilities in the ability to communicate provided through an assistive technological device or communication app.

Consistency between care providers, families, employers and other support personnel is necessary in order for an assistive technology system to be successful, so the DD Advisory Board requires a recommendation of a speech therapist familiar with the applicant and their situation.

The Developmental Disabilities Advisory Board does not consider grant proposals for Assistive Technology covered by entitlement programs or within an individual's financial means. The Board also requires the individual to first consider other funding sources such as DVR and their employer.

If family of a board member applies for a scholarship, that Board member will be asked to recuse themselves from the decision-making process.

Requests up to \$300 may be made. Individuals are only eligible to receive Assistive Technology scholarships every 3 years. Scholarship funds are not given for desktop computers, laptop computers, televisions, entertainment equipment, etc. The emphasis is on communication devices that are easily used in community settings.

Process: an individual must complete the scholarship application form and return to Skagit County's Developmental Disabilities Program. For an Assistive Technology scholarship, individuals **MUST supply documentation to verify the following criteria:**

- Verification of a developmental disability diagnosis (DDA criteria)
- Proof the applicant is living in a community setting in Skagit County
- Individual has a financial need (copy of Medicaid, Waiver or SSI funding *and* Personal Tax Return and/or Family Tax return if individual is living in the family home. ***Please delete all personal information***)
- Letter from Licensed therapist that states specific request
- Documentation of insurance denial or policy if relevant
- Estimates for cost of assistive technology goods or services

Disbursement Requirements:

- Client shall not purchase technology without coordination of Skagit County. Depending on award and cost of purchase, Skagit County will work with you, your Employment Provider and the vendor to secure the product.

Skagit County Developmental Disabilities Advisory Board Scholarship Application

All information submitted on the scholarship application is confidential and will not be used for any other purpose. Individuals are eligible to receive Assistive Technology grant funds every 3 years. Applicants must comply with submission requirements and the terms of the scholarship. All requested information must be submitted for funding review and selection. Funding decisions about Assistive Technology requests are final.

Applicant Name: _____

Applicant Street Address: _____

Applicant City, State, Zip: _____

Applicant Phone Number: _____

Insurance Provider: _____

Name of Applicant's Representative:
(if assisting with grant application) _____

Phone Number of Applicant's
Representative: (home, business or cell) _____

Email Address of Applicant's Representative: _____

Amount Requested: _____
(Maximum of \$300)

Please check all the sentences that describe you or your situation.

- | | |
|---|---|
| <input type="checkbox"/> I receive services from DDA | <input type="checkbox"/> I live in Skagit County and don't receive services |
| <input type="checkbox"/> I have paid work | <input type="checkbox"/> I go to school or to a transition program |
| <input type="checkbox"/> I am retired | <input type="checkbox"/> I am 18 or older |
| <input type="checkbox"/> I am working on my pathway to employment with: | <input type="checkbox"/> The training or activity I want to try is beyond my budget |
| <input type="radio"/> Chinook | |
| <input type="radio"/> Service Alternatives | |
| <input type="radio"/> Washington Vocational Services | |

Applicant Request: List training, activity, workshop or assistive technology goods or services requested

Please answer on a separate page, the purpose for which the scholarship is being requested. Include how this scholarship will help and what it will accomplish for you. Please include documentation (cost

estimates, program/activity information, etc.) with this application to validate the cost of supplies or services.

Signature of Applicant: _____

Date of Submission: _____

Applicants requesting assistive technology scholarships must complete the following:

Insurance Provider: _____

Gross Monthly Income: _____

Number of members in household: _____

Please submit the following verification documents with this application in addition to the summary and the cost estimates:

- Verification of a developmental disability diagnosis
- Proof that the applicant is currently living in Skagit County
- Proof of financial need (see guidelines section)
- Letter from a licensed speech therapist stating specific need and request
- Documentation of insurance denial or policy if relevant

Person who will help me train and trouble-shoot my technology: _____

Responsibility for training on and maintenance of technology received from the Developmental Disabilities Advisory Board scholarship is the sole responsibility of the recipient.