



Cerebral Palsy Associations  
of New York State  
*Real people. Realizing potential.*



Mother Cabrini  
HEALTH FOUNDATION

## Community Health Outreach Project Guidelines for Funding Assistance

### Mission

The Community Health Outreach Project is a grant program funded by the Mother Cabrini Health Foundation and administered by the Cerebral Palsy Associations of New York State (CP of NYS) to provide financial assistance for the purchase of equipment, services, supplies, and other supports needed by individuals with intellectual, developmental, and other significant disabilities when all other funding opportunities have been exhausted.

### Vision

This Project seeks to assist people with disabilities of all ages living within New York State by addressing the shortcomings in current supports and systems. Funds through this Project will provide access to supports for individuals in an effort to increase their health status and promote community participation. By removing barriers and offering assistance unavailable to them through other sources, CP of NYS can do its part to improve social and environmental living conditions while promoting quality of life. CP of NYS will focus on health measures and outcomes as well as the social determinants of health to identify priorities for funding and enable people to remain independent and active within their homes and communities.

### Definitions

For purposes of clarification, please note the following definitions for this application form:

- Recipient – defined as the person with a disability who will receive the benefit of funding through this process
- Caregiver – defined as the person submitting this application on behalf of the Recipient, if the Recipient is not submitting the form on his or her own

### Eligibility Requirements

To be eligible for consideration of funding:

- 1) The Recipient must reside within New York State.
- 2) The item/service to be purchased must fall within the Project time period, which is January 1, 2022 through December 31, 2022. Direct cash assistance is not provided under any circumstances. Therefore, you cannot be reimbursed for payments already made to suppliers, contractors, agencies, physician offices, etc.
- 3) The total Household Income must be at or below 200% of the 2021 federal poverty level to qualify, which is:

a. \$25,760 or less for a family of 1	f. \$71,160 or less for a family of 6
b. \$34,840 or less for a family of 2	g. \$80,240 or less for a family of 7
c. \$43,920 or less for a family of 3	h. \$89,320 or less for a family of 8
d. \$53,000 or less for a family of 4	
e. \$62,080 or less for a family of 5	Add \$9,080 for each person over 8 family members

### Funding Opportunities

The Project provides funding for the purchase of equipment, services, supplies, and other supports needed by persons with disabilities when other funding options, such as Medicaid, Medicare, other government programs, private insurance, and other foundations/grants, have been explored and deemed unavailable. Opportunities for funding include, but are not limited to: Durable Medical Equipment (DME), Medical Supplies, Repair Services, Specialty Care and Evaluations, and Special Services (physical therapy, behavioral health).

## Funding Limitations

This Project has a limited amount of funding to award during the year. Therefore, applications will be handled on a first-come, first-serve basis. All completed applications will be considered by the Awards Committee provided funding is still available at the time of receipt of application. **There is no guarantee of funding or approval of your request.** Please note that individual awards rarely exceed \$5,000, and the average awarded amount per person per year is approximately \$3,500. Only one application can be submitted for a recipient during the year.

## Payments

Payments through this Project will be made directly to their sources such as, suppliers, contractors, agencies, and physician offices/clinics, as noted in your application and supporting documentation. This Project will fund services rendered or equipment/supplies to be purchased during the Project period, which is January 1, 2022 through December 31, 2022. Funds will not be provided for anything prior to January 1, 2022.

**Direct cash assistance to applicants is not provided under any circumstances.** Therefore, you cannot be reimbursed for payments already made to suppliers, contractors, agencies, physician offices, etc.

## Supporting Documentation

In order to be considered for funding, appropriate documentation must be submitted with your application form. Since payment will be made directly to its source, you must provide appropriate, written documentation validating your request. Examples include, but are not limited to:

- 1) An invoice from a physician office/clinic that requires payment for services rendered.
- 2) A complete description, including manufacturer, model number, and cost of the item/equipment to be purchased, along with where the item/equipment will be purchased. CP of NYS may choose to order the item/equipment directly from a supplier and have it shipped directly to the Recipient's residence.

In all instances, you must indicate why Medicaid/Medicare/Insurance Plan would not cover the cost for the requested service or item, unless you have absolutely no insurance options.

## Consent to Release Information and Affirmation

All applicants must consent to release information to CP of NYS for verification purposes and affirm that all information furnished in the application form and supporting documentation is true and accurate. A signature is required on Page 3 of the application form ensuring you have sought funding through all other channels, but your request cannot be covered, either partially or fully, by Medicaid, Medicare, or any government program, commercial insurance, or other possible funding mechanisms. Unsigned forms will be ineligible for funding.

## Submission Process

You have the opportunity to complete and submit the application form via regular mail, fax, or electronically online at [www.cpstate.org/CHOP](http://www.cpstate.org/CHOP). Applications must be completed in their entirety including the submission of supporting documentation. Only one request should be submitted per application form. Incomplete or unsigned forms will be returned to the Recipient or Caregiver before any review by the Awards Committee.

*If application is sent via mail:*

Cerebral Palsy Associations of NYS, Inc.  
3 Cedar Street Extension, Suite 2  
Cohoes, NY 12047  
Attn: Cindy J. Morris, Project Director

*If a scanned application form is sent electronically:*

Send email with attachments to [cmorris@cpstate.org](mailto:cmorris@cpstate.org).

*If application is sent via fax:*

Fax to (518) 436-8619, Attn: Cindy Morris

If you prefer to complete everything online, visit: [www.cpstate.org/CHOP](http://www.cpstate.org/CHOP).

## Award Process

Applications will be reviewed on a monthly basis by the Awards Committee. Fully-completed applications must be received by the deadlines noted below for review by the Awards Committee on the dates shown for each month.

Fully-Completed Applications Must Be Received By	*Applications Will Be Reviewed By Awards Committee On	Award Notifications Will Be Sent To Applicants By
February 21, 2022	February 28, 2022	March 7, 2022
March 21, 2022	March 28, 2022	April 4, 2022
April 18, 2022	April 25, 2022	May 2, 2022
May 19, 2022	May 26, 2022	June 2, 2022
June 20, 2022	June 27, 2022	July 1, 2022
July 21, 2022	July 28, 2022	August 4, 2022
August 22, 2022	August 29, 2022	September 5, 2022
September 19, 2022	September 26, 2022	October 3, 2022
October 21, 2022	October 31, 2022	November 7, 2022
November 21, 2022	November 28, 2022	December 5, 2022
December 15, 2022	December 22, 2022	December 29, 2022

*\*The Awards Committee meeting dates may change slightly if unforeseen circumstances create scheduling conflicts.*

## Questions

For further information or if you have any questions regarding the Community Health Outreach Project, please visit our website at [www.cpstate.org/CHOP](http://www.cpstate.org/CHOP) or contact:

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Cerebral Palsy Associations of NYS, Inc.  
Direct Phone: (518) 612-4510  
Email: [cmorris@cpstate.org](mailto:cmorris@cpstate.org)