



APPLICATION
CONSUMER INDEPENDENCE FUND

The Abilities In Motion Consumer Independence Fund provides assistance to increase independence for a person with a disability in Berks County, PA. The fund can remove barriers to create improved independence. Requests that may be covered include ramps, specialized equipment, indirect costs such as travel associated with treatment, or other necessary, but ancillary, expenses. To qualify, a consumer must:

- live in Berks County, PA;
- have a disability;
- **demonstrate how the request would remove an immediate barrier to independence at home or in the community.**

Applications are reviewed monthly by a committee to determine eligibility. An AIM representative will contact the applicant to schedule an in-person visit to verify the need for the request.

Applicant (Enter the information of the person who will benefit from this assistance).

First and Last Name

Street Address:

City, State and Zip Code:

Date of Birth

Gender



Guardian or Consumer Appointed Representative

Enter your full name, address and phone number if you are the parent or guardian of the individual who will benefit from this assistance.

Name:

Address:

Phone:

Household Information

How many people live in the household?

What is the household's total monthly gross income?

- Please provide proof of income.

Do you own or rent your home?

- If you live in a rental, please provide landlord approval for a home modification request.

Explanation of Need and Item Request

Please provide details of what is being requested and why it is considered to be an emergency or not otherwise covered by insurance.



- Please submit at least 2 estimates detailing the request.

Medical Information

Please provide documentation from your physician verifying that your request is needed to increase independence at home and in the community.

**If this is a home modification request OR an equipment request, please ALSO provide a copy of an OT/PT evaluation confirming the need for requested modification.

Existing Services

Does the applicant receive or applied for Home and Community Based Services (Community Health Choices, OBRA Waiver, Intellectual Disability Waivers, etc.)?

If yes, please list the services:

Can the item/service requested be funded through existing services or medical insurance?

List other sources that you've contacted for funding but who were not able to assist.

- Please provide denials.

Primary Insurance

Provide the name of primary health insurance.



Secondary Insurance

Provide the name of secondary health insurance, if applicable.

Payment Information

If assistance is awarded, indicate the name of the organization or company to whom the funds should be made payable. (Payments cannot be issued directly to the consumer or family receiving support.)

Name:

Address:

Phone Number:

Email:

Contact Person:

Abilities In Motion reserves the right to limit the amount of funding being awarded for home modification requests. Consumers will select a qualified contractor from a list of vetted home modification companies provided by Abilities In Motion. AIM will review the home modification progress throughout construction to ensure quality and timeliness. AIM reserves the right to claim ownership of certain equipment such as stairlifts, ramps etc. and may reclaim if no longer needed or recipient is moving

*Abilities In Motion reserves the right to request additional information as needed.



Checklist of items to be submitted with application:

- Proof of Income
- Landlord approval (home modification request)
- Insurance, other payor denials
- Physician's confirmation
- PT/OT evaluation (home modification or equipment request)
- Two pricing estimates