

Safety & Security Grant – Application and Request for Funds

ALL requests must have prior approval BEFORE purchases are made

Name of Eligible Individual: _____

Birthdate: _____ Medicaid #: _____ Social Security #: _____

Name of Parent(s)/Family Member: _____

Email Address: _____

Phone Number: _____

Special Equipment/Service Request

- Description: _____
- Professional recommendation from: _____
- Supplier/Provider: _____
- Estimated Cost: _____
- Please attach detailed information about the equipment/service requested

Families should attempt to access other sources prior to Safety & Security Grant Program. Safety & Security Grant Program is the payee of last resort. If private insurance, BCMH, or JFS funding is available, they must be used before utilizing PCBDD funding. I verify that Safety & Security Grant Program is being utilized as the Payer of Last Resort.

Parent/Guardian Signature

Date

Office Use Only

The applicant has been determined eligible for the Safety & Security Grant Program.

Initials of person verifying eligibility

Date

Request Determination

_____ Date of request

\$ _____ Funds available for this request

_____ Date approved

_____ Date answer to family

Initials of Superintendent approval

Date