

CMMS Deshae Lott Ministries Inc Outreach Program Bringing Quality-of-Life HOME in Long Term Care

CMMS Deshae Lott Ministries Inc works to help American citizens with severe mobility limitations maintain hopeful, purposeful, engaged lives by providing some financial support for medically-necessary home-health-care services not covered by insurance, private or governmental, and not covered by any other non-profit organization.

Guiding the non-profit's Outreach Program are the following principles:

- We believe that each life, regardless of physical health, should be treated with respect.
- We believe in empowering those with physical limitations to choose the support of partnership, marriage, family, and community, and we desire to support those individuals with long-term chronic health conditions who can safely live in private homes, thereby remaining near and among friends and relatives.
- We believe in establishing networks where participants can work cooperatively to improve the quality of life for one another, welcoming differences as well as recognizing fundamental similarities that link us each closely to one another: fundamentals such as the vulnerability of our bodies and the importance of purposeful, kind, and respectful relationships.

For the purposes of this non-profit's quality-of-life grants, a person is defined as having a severe physical disability when he or she requires complete assistance from human beings and/or complex durable medical equipment in at least eight of the following ten daily life functions:

- Mobility, transferring, and position changing
- Bathing and personal hygiene
- Toileting, including catheterization or management of a bowel program
- Dressing and grooming
- Meal planning, food preparation, and assistance in eating
- Preparing and administering medications and IV therapy
- Performing routine medical procedures, occupational therapy, and physical therapy
- Breathing, clearing secretions, and respiratory treatments
- Transportation
- Housekeeping and bill management

This non-profit wants people with severe physical disabilities to have choices, not to be denied necessary care (or care that will provide a greater level of comfort and independence) because they cannot afford it; we believe every person with a severe physical disability deserves quality in-home care. Such care options serve as a foundation upon which the individual can create a full life for him or her self.

CMMS Deshae Lott Ministries Inc offers hope and help to individuals with long-term home-health-care needs by acknowledging that quality-of-life, including spiritual health, often greatly depends upon living at home and by expanding long-term care patients' access to home-health care. We want to help severely-physically-disabled individuals who lack the resources to remain in or return to a home-based setting for their long-term care but who, despite their extraordinary circumstances, desire to live a more ordinary life than institutionalization allows. If you believe you would qualify for assistance through this non-profit or if you know someone who might, contact CMMS Deshae Lott Ministries Inc at deshaelott@hotmail.com

QUALITY-OF-LIFE GRANT APPLICATION GUIDELINES

At the present time, this non-profit accepts applications from individuals who themselves desire and in some way can convey their desire to live outside of an institution and who have friends and/or relatives who have committed to help make this feasible. The patient's primary physician also must verify through a letter of medical necessity, non-profit forms, and perhaps telephone conversations that the said individual can safely reside at home with adequate in-home care but that individual's life would be endangered if he or she lacked the requested hourly nursing or attendant care. At times a patient may be

requested to see a second physician, who also would submit a letter of medical necessity and need to be available for consultation with non-profit representatives. Submitted materials from the applicant and his or her physician(s) will be reviewed by board members. Availability of non-profit funds for quality-of-life grants determines how many grants can be awarded annually and the amount an applicant can receive.

The non-profit welcomes applications for quality-of-life grants that supplement a patient's medical coverage but do not disqualify a patient from his or her other means of medical coverage. Ideally, the non-profit could assist people with physical limitations who wish to work to meet their potential but currently opt not to because their lives depend upon government insurance coverage, which would be revoked with a higher income. Right now the non-profit prefers to assist in cases where a person's primary means of income and insurance are not jeopardized. Do not apply for a quality-of-life grant if such support would compromise any other forms of medical coverage the applicant receives. Ultimately the applicant, not the non-profit, remains responsible for determining whether a quality-of-life grant will disqualify the said applicant from other insurance benefits.

Applicants who receive a quality-of-life grant may apply for subsequent quality-of-life grants; however, one-time or temporary funding for home health care may be available while the individual or his or her representative locates and establishes other means of funding or supplementing the costs of a given patient's medically-necessary long-term home-health care. Approved home health services might be hourly or continuous and might be provided by a personal care attendant, nurse's aide, LPN, or RN, as determined by laws in the patient's home state as well as by non-profit representatives, who review applications, consult with applicants' physicians, and oversee what funding is available at any given time through the non-profit. When a grant is approved, the method of disbursement--whether to individuals, agencies, or special needs trusts--depends upon the requirements of each particular situation.

Applications are due by May 1 or November 1 each year. Applications received by May 1 can expect to hear back from the Outreach Selection Committee near Labor day. Applications received by November 1 can expect to hear back from the Outreach Selection Committee by the end of the year. Awards will be publicized each December.

Applicants who are selected to receive grants or a representative on their behalf are expected to

- provide all needed tax documentation including the recipient's social security number and, if relevant, the recipient's special needs trust tax ID number
- grant permission for their diagnosis and photo (which will need to be provided) to be published on the website or in other fora affiliated with CMMS Deshae Lott Ministries Inc; recipient will provide a print and digital image of him or herself for such uses

Submitted materials from the applicant and his or her physician(s) will be reviewed by the Selection Committee members. The physician's letter should not be a fax or photocopy whenever possible. Availability of non-profit funds for grants determines how many grants can be awarded annually and the amount an applicant can receive.

Cover letters from the recipient or his or her representative are encouraged. These letters can generally or specifically address how a grant of \$250-\$300 (or more, in some cases) would be applied to help enhance the applicant's quality-of-life.

Hard copies of the application materials should be mailed to
CMMS Deshae Lott Ministries Inc
ATTN: Outreach Program Selection Committee
P O BOX 9232
Bossier City, LA 71113-9232

Please avoid sending envelopes via overnight mail and/or with a signature required. Such practices actually resulted in two past applications (one in 2010 and one in 2011) being further delayed in reaching us. In both cases we did not receive at our P O Box notification from the USPS about envelopes sent overnight and requiring a signature. It was only email correspondence and tracking numbers that

eventually rectified matters. To avoid such situations, then, again we ask that envelopes not be sent to us via overnight mail and/or requiring a signature upon delivery. You will be notified via email, if you provide an email address on your application, when your application materials reach us. At a later date you will be notified of the Selection Committee’s determinations regarding your application.

Except in extraordinary situations as deemed appropriate by the Outreach Selection Committee, quality-of-life grant applicants are eligible for awards in two consecutive years. After a hiatus of one year, applicants are welcome to re-apply.

PHOTO REQUEST

Along with your application,

a/ include a photo of the applicant in the hard-copy application packet OR email a digital photo of the applicant to both Deshae Lott at deshaelott@hotmail.com & Susan Caldwell at susancaldwell@allsoulsuushreveport.org

b/ complete and submit in the hard-copy application packet the release form below.

PHOTO & VIDEO RELEASE

If I am selected as a recipient of a CMMS Deshae Lott Ministries Inc. Outreach Program Scholarship or Quality-of-Life Grant, I hereby authorize CMMS Deshae Lott Ministries, Inc. to use my photograph and biographical information, including my diagnosis, in all publicity concerning the award. I understand that this includes but is not limited to publication on the organization’s website and Facebook page and email publicity announcements.

I further authorize release of my image for use in video footage or PowerPoint presentations that may be used to promote the organization and its activities or in any other print or online publications to which the organization contributes, including but not limited to publications of MDA and other organizations with disability advocacy as a focus. I also verify that this release applies to any future grants or scholarships I may receive.

Signature of Applicant or Responsible Party

Date

Name of Applicant (Please Print) _____

Phone _____

Email _____

Application for Quality-of-Life Grant for a Non-Institutionalized Long-Term Care Patient

Name of Applicant: _____ Applicant's SSN: _____

Request for Financial Assistance

Applicant will need to complete sections A, B, and C below, then sign, date, and return the application by mail to be reviewed for potential approval for financial assistance.

Does applicant need to submit household's prior year's income tax return? yes no

If "yes" is checked above, attach to your submitted application a copy, front and back, of the applicant's household members' prior year's income tax returns signed and dated.

Section A: Applicant Information (patient, spouse, parent, guardian, etc.)

Applicant's chronic condition requiring long-term care: _____

Please attach a letter from applicant's doctor documenting what the applicant's condition is, that it is chronic and long-term, and verifying that the applicant resides outside an institution.

Applicant requires assistance with the following daily tasks: (Check all that apply.)

- Mobility, transferring, and position changing
- Bathing and personal hygiene
- Toileting, including catheterization or management of a bowel program
- Dressing and grooming
- Meal planning, food preparation, and assistance in eating
- Preparing and administering medications and IV therapy
- Performing routine medical procedures, occupational therapy, and physical therapy
- Breathing, clearing secretions, and respiratory treatments
- Transportation
- Housekeeping
- Communicating (writing, typing, speaking, etc.)
- Seeing (blind)
- Hearing (deaf)

Financially-responsible party's name: _____ Date: _____

Responsible party's SSN: _____ Relationship to applicant: _____

Address: _____

City/state/zip: _____

Phone numbers: _____ Email address: _____

Employer: _____ Employer's phone number: _____

Occupation: _____ Length of employment: _____

Is applicant related to any CMMS Deshae Lott Ministries Inc. officer, director, trustee, member, participant, or major contributor? yes no If yes, to whom? _____

Section B: Income and Expenses

<p>Total Family Income per Month</p> <p>_____ Responsible party, applicant salary(ies)</p> <p>_____ Social Security benefits</p> <p>_____ Pension</p> <p>_____ Disability benefits</p> <p>_____ State assistance</p> <p>_____ Alimony/child support</p> <p>_____ Food stamps</p> <p>_____ Rental income</p> <p>_____ Business income</p> <p>_____ Other (gifts, stocks, etc)</p>	<p>Total Family Expenses per Month</p> <p>_____ House payment/rent</p> <p>_____ Monthly utilities/phone</p> <p>_____ Monthly insurance premiums</p> <p>_____ Car payments and expenses</p> <p>_____ Food</p> <p>_____ Medical payments (including medications)</p> <p>_____ Credit card and loan payments</p> <p>_____ Child care</p> <p>_____ Alimony/child support</p> <p>_____ Other</p>
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_____ Total monthly income
 - _____ Total monthly expenses
 = _____ Difference

Name of Applicant: _____ Applicant's SSN: _____

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Have you previously received any award(s) from CMMS Deshae Lott Ministries Inc? yes no

If so, provide further details—

Quality-of-life Grant yes no Scholarship yes no

Date(s) you received past award(s): _____

Would the grant be going to the recipient's Special Needs Trust? yes no

If yes, provide the following information—

Exact Name of the Special Needs Trust: _____

Tax Identification Number for the Special Needs Trust: _____

Please list any additional information that will assist us in reviewing your request for financial assistance. You may alternatively provide such information in a cover letter.

Section C: Beneficiary Statement

I certify that the above information is accurate to the best of my knowledge. I authorize the CMMS Deshae Lott Ministries Inc and its agents to verify the above information. I understand that I am applying to receive a quality-of-life grant to relieve impoverishment. I believe this will allow me to concentrate more on my spiritual development and less on basic survival issues. I understand that I'm responsible for notifying CMMS Deshae Lott Ministries Inc if my financial status changes or if I'm able to obtain funding from another source and that it is my responsibility to ensure that receiving help from CMMS Deshae Lott Ministries Inc will not disqualify applicant from other services, supports, and funds received or anticipated (SSI or SSDI, Medicare, Medicaid, OCDD, EDA, NOW, etc.) or in any way reduce or jeopardize the quality of my life.

I also agree to

- provide all needed tax documentation including my social security number and, if relevant, my special needs trust tax ID number
- grant permission for my diagnosis and/or photos of me to be published on a website or in other fora affiliated with CMMS Deshae Lott Ministries Inc.

Signature of applicant/Responsible party: _____ Date: _____

For Internal Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount _____ Interval (One time only, etc.): _____
Comments: _____	

Board President's signature: _____	Date: _____
Selection Committee Member's signature: _____	Date: _____
Selection Committee Member's signature: _____	Date: _____