

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 non-profit 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.

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.

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

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

Address: _____

City/state/zip: _____

Phone numbers: _____

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

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

Please list any additional information that will assist us in reviewing your request for financial assistance. _____

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.

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: _____