



## What Can I Buy With My Family Support Grant?

- **Respite Care** – Includes temporary care of a person with an intellectual developmental delay/disability in order to offer relief to the person’s family.
- **Professional Services** – Includes individual counseling provided to the family member with intellectual developmental disabilities/delays.
- **Therapy Services**
  - **Occupational Therapy**
  - **Physical Therapy**
  - **Speech Therapy**
  - **Vision Therapy**
  - **Behavioral Therapy:** Services/interventions needed to learn or maintain appropriate interactions with others.
  - **Alternative Therapy:** These types of therapies must be accompanied by a letter from the medical doctor (MD) recommending the service. We will require additional documentation which will be sent to you after your grant application is received. Hippotherapy is also included here.
- **Medical, Dental, Vision** – Includes medical, dental, and vision expenses not covered by medical or dental insurance or other funds. Does not include routine or wellness visits.
- **Transportation** – Costs that are related to providing care and support that are above and beyond those typically incurred by other families (mileage reimbursement for ongoing Non-Medicaid covered therapies; includes bus passes for the individual not on a Medicaid waiver already covering this service, also for one family member).
- **Assistive Technology** – Augmentative communication devices, laptop computers, tablet devices, iPads, printers (not including paper or ink), specialized equipment. Imagine! requires a letter of recommendation from a licensed professional for any of these devices. Imagine! can purchase one device of each type every 3 years. iPads/Laptops/Tablets need a case and a 2 year service contract.
- **Home Modifications** – Physical adaptations to the home environment (e.g. ramps, lifts, widened door frames) or repairs that are in relation to the disability. Imagine! requires a letter of recommendation from a licensed professional stating why the home modification needs to be completed in relation to the individual’s disability. Home Modifications over \$1,000 must be completed by a licensed contractor. We will require additional documentation which will be sent to you after your grant application is received.
- **Family Assistance Services** – Expenses for family members living in the household: family counseling; behavioral intervention; training to assist the family in understanding/supporting their family member with a disability; genetic counseling. Books related to the client’s disability are included here.

- **Recreation** – To relieve stress or pressure on the family or for the direct enhancement of social or community inclusion for the individual.
- **Homemaker Services** – To relieve stress on the family. Please provide detailed information on how these tasks are not able to be performed as a result of your loved one’s disability.
- **Child Care Services** – May include care for siblings, which may be necessary in order for the family to obtain relief from providing long-term care, and which is above and beyond typically incurred expenses of a child or adult without a disability. This is not an opportunity of funding for regular ongoing childcare services.
- **Equipment and Supplies** – Includes therapeutic equipment and supplies (sensory items, adaptive clothing, instruments) Imagine! reserves the right to request additional documentation for materials that aren’t specifically adaptive if deemed necessary.

*\*\*\*More Information:*

*All expenses must be directly related to the family member with an Intellectual or Developmental Delay/Disability.*

*Services and Supports Authorized are:*

- 1) Necessary for families to provide care to their family member with a developmental disability at home;*
- 2) Above and beyond costs incurred for a child or adult family member without a developmental disability;*
- 3) Not duplicative of other services funded through the DD system;*
- 4) Chosen by the family; and,*
- 5) Within any limitations set by the Family Support Council*

**Excluded Items** – Items that are NOT above and beyond the costs incurred for an individual without a developmental delay/intellectual developmental disability. Examples:

- Food
- Utilities
- Rent
- Vacation
- Typical clothing
- School supplies
- Out-of-state summer camps
- DVDs

**Note: This is not intended to be an exhaustive list of included and excluded grant funded services and items.**

If you have questions about what you can buy with your family support grant please contact a Family Support Navigator:

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