



2019 Wellness G.I.F.T.S. Scholarship Application

All Scholarship Applications are due by April 1! A limited number of scholarships are available to cover the cost of tuition for Wellness G.I.F.T.S. retreats. The applications are dated and it is first come first serve for our 10 counties.

Criteria for Application:

- The person with a disability must live at home with family.
- The family must reside in one of the following counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming or Yates.
- One of the following documents must be provided with the application:
 - a. Notice of Decision Letter for participation in the waiver program **OR**
 - b. Letter of Enrollment in NYS Cares **OR**
 - c. Acceptance letter for the Office for People with Developmental Disabilities (OWPDD), Care-at-Home Waivers III, IV and VI

OR

- d. Notice to those who received Comprehensive Medicaid Case Management (CMCM) that they will be receiving Medicaid Service Coordination (MSC)

Each person applying for a scholarship must complete a separate application.

Name of Parents/Caregivers:			
Address:		County:	
		Email:	
Home Phone:		Cell Phone:	

This section to be completed about the person with disabilities.			
Name:		Date of Birth:	
Social Security Number or TABS ID #		Medicaid Number:	
Is this person enrolled in the New York State Cares initiative?			Yes No
Does this person live with family or a caregiver?			Yes No



Nature of Disability (highlight those that apply):

Autism, Down Syndrome, Mental Retardation, Cerebral Palsy, Epilepsy/Seizure Disorder, Neurological Impairment, Developmental Delay, Learning Disability, Traumatic Brain Injury, Other-Please specify:

Preferred Language (highlight those that apply):

English, Spanish, Other-Please specify:

Non-Verbal Communication (highlight those that apply):

Sign, None, Other, if other, please explain:

Ethnicity (optional- highlight those that apply):

Caucasian, African American, Hispanic, Asian, Pacific Islander, American Indian, Alaska Native

I understand that for the purpose of coordinating services, information may be shared with and received from other agencies.

All information included with this document is true to the best of my knowledge.

Parent/Caregiver Signature:

Date:

Mail to: Wellness G.I.F.T.S., 7531 County Route 13, Bath, NY 14810

Fax to: (607) 776-9218 Cover page, attention Wellness GIFTS

Questions? Contact Wellness G.I.F.T.S. at (607) 684-3243 or email director@wellnessgifts.org