



we do. so they can.

HRF GRANT

Funding Criteria for Individual Assistance

HRF seeks to support and empower individuals born with developmental disabilities and individuals 55+ requiring assistance in their home or community. Our mission safeguards the availability and accessibility of these support services while helping to build a more inclusive, diverse, and equitable community for all who reside in our region.

A. Must aid or support the following:

Developmentally disabled individuals

Individuals on the autism spectrum

Individuals requiring adaptive equipment or support to maintain a meaningful quality of life

Individuals 55+ requiring assistance in their home and community

(limited to home modifications and adaptive equipment)

Individuals within Wayne, Monroe, Pike, Susquehanna, Lackawanna, or Carbon County

B. Must demonstrate how the service or project meets at least one area of Interest:

Community integration

Workplace mentorship

Home modifications, adaptive equipment, vehicle modifications, assistive technology

Improvements to the quality of life for older individuals 55+ requiring assistance in their home or community

C. Complete HRF application including a detailed description of the request.

D. Provide medical documentation for any adaptive equipment requirements.

E. Provide copy of tax returns or form SSA-1099 showing Social Security payments.

F. Provide proof of homeowner's insurance.

G. Provide documentation that the project is ineligible for Medical Assistance, Waiver and/or Base Funding, if applicable.

***PLEASE NOTE:**

The Foundation reserves the right to evaluate each application based on circumstances.

Not all applications will be approved.

For details of State/Federal requirements see *Medical Assistance Bulletin 09-21-04;*

ODP Announcement 21-064.

Application can be submitted through:

www.hrfnepa.org/receive

email: daniel.card@hrfnepa.org

mail: HRF 1006 Church St. Honesdale PA 18431



we do. so they can.

HRF GRANT

Funding Application for Individuals (pg.1)

Date _____

Name (first, last) _____

Date of birth _____

Phone number _____

Current address _____

County _____

How long have you lived at this location? _____

Email address _____

Number of people in your household (related & unrelated) _____

Are you employed? _____

Current employer _____

Employer phone number _____

Gross income (Circle One: Weekly, Monthly, Yearly) _____

Other income sources monthly (Include All)

Do you have a checking account? _____ Balance: _____

Do you have a savings account? _____ Balance: _____

Assets- Cash in Bank Amount | Stock/ Bonds | Retirement



HRF GRANT Funding Application for Individuals (pg.2)

Monthly expenses (include installment loans, credit cards, rent, mortgages etc.):

What other funding sources have you applied to for this project or items?

Request (amount, item or services requested):

Please explain your present situation and your reason for this request:

IN ADDITION:

Provide: medical documentation for any adaptive equipment requirements; tax return or form SSA-1099; proof of homeowner's insurance.

Also provide, if applicable: documentation that the project is ineligible for Medical Assistance, Waiver and/or Base Funding.

Your Signature
