

MADISON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES  
CRITICAL NEEDS AGREEMENT

*This form must be completed by the individual or family member whenever possible.*

Eligible Individual: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Annually, the Board establishes a budget for the Critical Needs Funding Program and for the maximum amount that will be expended for a family per calendar year. Requests are reviewed on a first-come, first-served basis for all individuals **eligible** for County Board services. Once the funding is exhausted, no additional requests will be considered. Approval for a Critical Needs Funding Request is granted through a committee of Board employees, with an additional level of approval from the Family Support Services Director. Final approval for all Critical Needs Funding Requests resides with the Superintendent.

All requests for funding must be submitted prior to services being rendered. Any payments that are approved will only be paid to the vender of service. Additionally, to maximize the available funding, all individuals or families requesting to utilize the Critical Needs Funding are expected to contribute towards the request based on yearly taxable income. The Board will cover the full cost of the approved request, with the individual or family paying their portion of the cost (called a co-pay) to the Board. If an individual or family submits an additional request while a co-pay is outstanding, payment arrangements must be made before the committee will review the new request.

Each year, this form must be updated to reflect the previous year's income to determine the individual or family's percentage of cost. For individuals under the age of 18 and/or still enrolled full-time in educational programming, the parents' income will be considered. For those over 18 and/or not enrolled full-time in educational programming, only the individual's income will be considered. Please check the appropriate line for your taxable income during the last calendar year as reported on your income tax form. As defined in the Critical Needs Funding program, "taxable income" has the same meaning as it has for Federal Income Tax purposes (after all deductions).

**PLEASE CHECK YOUR TAXABLE INCOME BELOW:**

<u>Co-Pay</u>	<u>Taxable Income</u>	
0%	\$45,000 or LESS	<input type="checkbox"/>
15%	\$45,001 to \$65,000	<input type="checkbox"/>
30%	\$65,001 to \$85,000	<input type="checkbox"/>
50%	\$85,001 and OVER	<input type="checkbox"/>

All Critical Need Requests must meet the following criteria:

- A) Expenses will be related directly to the Health and Safety of the Individual
- B) No other resources are available to financially assist
- C) The household cannot make further contributions without incurring hardship and is unable to meet the need.

\_\_\_\_\_  
Signature of Applicant or Legally Responsible Person

\_\_\_\_\_  
Date

***By submitting this agreement, I affirm that the facts set forth in it are true and complete. I understand that if my request is approved, any false statements, omissions, or other misrepresentations made on this agreement may result in future ineligibility for Critical Need Funds.***