



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

A limited number of scholarships, made possible by a grant through the Family Support Services program through the Finger Lakes Developmental Disabilities Service Office, are available to cover the cost of tuition for Wellness G.I.F.T.S. retreats. Individuals with disabilities and their parents or caregivers may apply.

All Scholarship Applications are due by April 1!

1. Criteria for Application:
2. The person with a disability must live at home with family.
3. The family must reside in one of the following counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming or Yates.
4. 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:	
Home Phone:		Email:	
		Cell Phone:	

This section to be completed about the person with disabilities.

Name:		Date of Birth:	
Social Security Number:		Medicaid Number:	
Is this person enrolled in the New York State Cares initiative?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this person live with family or a caregiver?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Nature of Disability (check all that apply):

<input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Down Syndrome <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mental Retardation <input type="checkbox"/> Neurological Impairment <input type="checkbox"/> Traumatic Brain Injury
Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	If other, please explain:
Non-Verbal Communication:	<input type="checkbox"/> Sign <input type="checkbox"/> None <input type="checkbox"/> Other	
Ethnicity:	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander	

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

Parent/Caregiver Signature:		Date:	
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Mail to: Wellness G.I.F.T.S., 7531 County Route 13, Bath, NY 14810

Fax to: (607) 776-7390

Questions? Contact Wellness G.I.F.T.S. at (607) 776-3737 extension 2 or email wellness@giftsretreats.com