

## CHOOSE INDEPENDENCE FUNDING APPLICATION

Trillium's **Choose Independence** initiative offers funds to assist with purchases that improve or increase health and safety. **Choose Independence** can provide equipment/supplies/supports essential for increasing the ability for individuals to live in their own communities successfully. These funds make it possible to obtain equipment/supplies/supports that would otherwise be unavailable due to benefit funding limitations, such as third party insurance, Medicaid, or state dollars. Possible categories available through **Choose Independence** include, but are not limited to:

- 🌱 Durable Medical Equipment and supplies
- 🌱 Assistive Technology Devices and services
- 🌱 Home Modifications\* (i.e., fences, ramps)
- 🌱 Medication Administration devices
- 🌱 Tablets and appropriate apps when used as communication device\*\*
- 🌱 Diapers, Pull Ups and/or Incontinence supplies for people age 3 and older
- 🌱 Nutritional Supplements
- 🌱 Memberships to community inclusion activities (including but not limited to, gym memberships, arts and recreational activities) *in integrated settings*.
- 🌱 Smart Home Technology applications for safety, including installation
- 🌱 Equipment that improves ambulation, regulation, or medical conditions or addresses overall health and safety concerns.

\*For ramps and fences the home must be owned by the individual or family for permanent modifications. If property is rented or leased, only portable modifications are allowed. Requests for home modifications must also include approval from licensed physician.

\*\*Applications will be preloaded on tablets prior to delivery to individual/family; if the family already has a tablet and is in need of apps, the tablet will need to be dropped off to a Trillium office and the apps loaded by Trillium staff.

Trillium Health Resources funding is for equipment, supplies and supports for people with covered disabilities. All requests must be tied directly to the individual need of a person who has an MH, IDD or SU condition. It may not be used for general home improvements, general transportation, general vehicle maintenance, medication and/or vitamin expenses, co-pays for ongoing medical appointments, general household items, eyeglasses, hearing aids, or other human service needs that are not directly related to the person's disability.

The following supporting documentation must be included with the application.

**The application cannot be processed without this documentation.**

- 🌱 A letter of medical necessity and/or professional evaluation with specific recommendations. Requests for home modifications must also include approval from licensed physician. For incontinence supplies, medical supplies, and/or nutritional supplements, only a signed prescription is needed.
- 🌱 For all requests, a written quote must be included, detailing product information such as size/flavor/color/etc., as well as vendor/store/website information.
- 🌱 Signed by individual/family/guardian/Trillium staff.

Funding is limited to individuals over the age of three (3) years.

To request Choose Independence funds, please complete the attached application. Applications will be reviewed monthly in the order they are received and prioritized with health and safety requests receiving the highest priority. The application and supporting documentation must be received prior to the first of the month to be considered for funding; applications received after the first will be held for review the following month. Incomplete applications will not be processed. Applications will be considered as funds are available and applicants will be notified of approval or denial by the end of the application month. No applications will be reviewed during the month of June.

If you have any questions about the application, or at any time during the application process, please contact the Trillium Call Center at 1-866-998-2597 for assistance.

**Mail completed application and required documentation to:**

Trillium Health Resources  
Attn: Choose Independence  
201 West First St.  
Greenville, NC 27858-1132

**Or email to:**

[ChooseIndependence@TrilliumNC.org](mailto:ChooseIndependence@TrilliumNC.org)

Application begins on next page.

## CHOOSE INDEPENDENCE FUNDING APPLICATION

*Please complete the entire form; incomplete requests will not be processed.*

Name		Date of Birth	
Mailing Address			
City, State, Zip Code			
Contact Person			
Email Address			
Telephone Number for Contact Person			
Type of Insurance & ID #(if applicable)			
List equipment/supplies/supports being requested.			
Why is this request medically necessary?			
What funding sources have been tried and why were those sources not successful?			

Itemized cost details (also include any specifics related to brand, size, etc.)

Please check each of the following items of documentation that must be included for this application to be processed.

A Letter of Medical Necessity and/or professional evaluation detailing specific recommendations and stating medical necessity in relation to individual’s MH, IDD, or SU condition. Requests for home modifications must also include approval from licensed physician

**OR**

A Prescription (or Letter of Medical Necessity) for incontinence supplies, medical supplies, and/or nutritional supplements.

For all requests, a written quote must be included, detailing product information such as size/flavor/color/etc., as well as vendor/store/website information.

By signing this application, I submit I have made other efforts to obtain the requested items/services and I am unable to obtain the above items by other means.

I understand approval may be subject to availability of funding and acceptance of this application does not guarantee request will be granted.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

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