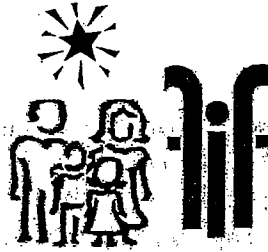


First in Families of Southeastern North Carolina



**First in Families is an exciting new
approach to supporting persons with
developmental disabilities and their
Families!**

Our Mission

***“The purpose of First in Families of Southeastern
North Carolina is to build the capacity of individuals,
families and the community to develop resources
which promote inclusion, self determination and a
high quality of life for individuals with developmental
disabilities and their families.”***

Developmental Disability

One of the three eligibility requirements to be considered for a Family Grant from First In Families of Southeastern North Carolina is that the individual or a family member have a Developmental Disability. The following is intended to explain this requirement.

Question: What is a Developmental Disability?

Response: "Developmental Disability" is a severe, chronic disability of a person which:

- A. Is attributable to a mental or physical impairment or a combination of mental and physical impairments
- B. Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22.
- C. Is likely to continue indefinitely
- D. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - self-care
 - receptive and expressive language
 - capacity for independent living
 - learning
 - mobility
 - self-direction
 - economic self-sufficiency
- E. Reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated OR
- F. When applied to children from birth to 4 years of age, may be evidenced as a developmental delay.

Examples of a Developmental Disability: Mental Retardation, Autism (Autistic Spectrum Disorder), Cerebral Palsy, Downs Syndrome, and Traumatic Brain Injury. If you are unsure if your disability falls under this definition, please contact FiF at the number below.

First in Families of Southeastern North Carolina

5041 New Centre Dr.

Suite 109

Wilmington, NC 28403

L.C. "Johnny" Johnson, Director

(910) 350-2737; Fax (910) 350-2732

COMMONLY ASKED QUESTIONS

What is First in Families?

First in Families is a unique consumer driven approach to service delivery for individuals with developmental disabilities and their families. A Management Team consisting of 75% self advocates and/or family members, guides the development of resources within the community, which make the maximum use of dollars and afford those requesting the services the opportunity to decide what is important to them in maintaining their quality of life.

What geographical area does First in Families of Southeastern North Carolina Serve?"

First in Families of Southeastern North Carolina, serves New Hanover, Brunswick and Pender counties.

How can First in Families Help?

First in Families works to secure resources within the community to meet the unique needs of individuals seeking our assistance. It may be negotiating with a fence company to help fence in a yard for a child who needs to be safe in their own backyard or working with credit counseling services to help get someone get back on track in managing their personal income. In some cases First in Families is able to offer cash assistance for a variety of needs from assistive technology to assisting with insurance premium costs. All needs are considered and we work to establish individual relationships that work towards mutual trust and satisfactory solutions to help individuals/families achieve their long-term dreams.

How does an individual or family member qualify?

Any person with a developmental disability which impairs three or more life functions and whose total income does not exceed \$65,000 (after taxes) is eligible to apply for a "Family Grant" through First in Families.

How can I find our more about First in Families?

Call our office anytime from 9:00 am to 4:00 pm Monday through Friday for more information at 910-350-2737; Fax 910-350-2732.

How can I help contribute to this wonderful program?

We are always happy to consider anyone interested in joining our management team or being a volunteer in a variety of capacities. We also appreciate any resources you or someone you know may be willing to donate or add to our database on behalf of individuals/families we serve. Including, but not limited to: computer equipment, renovation materials and labor, resources for job opportunities, recreational opportunities, staff, transportation, and of course we always accept cash donations! All donations are tax deductible and go directly to serve the needs of the individuals we assist.

If you are interested in applying for a Family Grant, please contact us for an application form by calling our office at 910-350-2737; Fax 910-350-2732.

**WE'RE EXCITED TO WORK WITH ALL OF OUR DEDICATED
COMMUNITY MEMBERS IN HELPING PEOPLE WITH
DEVELOPMENTAL DISABILITIES LIVE LIFE TO THE FULLEST!**

FIRST IN FAMILIES OF SOUTHEASTERN N.C.
GUIDING PRINCIPLES

People with developmental disabilities and/or their families are the experts regarding their own life choices.

Providers are respectful of and responsive to the direction given them by people with developmental disabilities and/or families.

People with developmental disabilities and/or their families have the same rights, responsibilities and opportunities to contribute and participate in their communities as all other citizens.

Communities have a responsibility to support the needs of people with developmental disabilities and/or their families.

People with developmental disabilities and/or their families, professionals, community and business leaders and the general public need to work together in order to provide for a coordinated, effective resource base for people with developmental disabilities and/or their families.

FOR MORE INFORMATION CONTACT:
First in Families of Southeastern NC
5041 New Centre Drive Suite 108
Wilmington, NC 28403
910-350-2737 (Fax 910-350-2732)
L. C. "Johnny" Johnson - Director



First in Families of Southeastern NC

Date: _____
Number: _____

• Family Grant Application •

People with a developmental disability and their families are invited to apply for help locating and accessing resources to meet needs and realize their dreams. We serve people in Brunswick, New Hanover, and Pender counties. Families with incomes below \$65,000 (after taxes) per year may receive funds as part of a plan to meet their needs. All eligible individuals/families are welcome to apply. Please read this application carefully and fill it out as completely as possible. The information provided will assist our Resource Coordinator with a starting point for working with you. After reviewing this application, you will be called to schedule an interview. If you have questions or would like help completing this application, please contact FIF at (910) 350-2737; Fax 350-2732 or E-mail: jjohnson@ARCNC.ORG

Name of family member with disability: _____ Sex: _____

Race (Optional. Data to be used for Grant purposes only.): _____

Home address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Date of birth: _____ E-Mail: _____

What is this person's developmental disability or diagnosis? _____

How may this be verified? _____

The following services may be available in the community. Please check any services you are **already using** to meet your needs:

- | | | |
|---|--|---|
| <input type="checkbox"/> CAP | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Behavior Management |
| <input type="checkbox"/> AFDC | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Developmental Preschool |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Before/After School Care |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Residential Placement | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Special Education | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Respite | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> SSDI/Social Security | <input type="checkbox"/> In-Home Nursing | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Supported Employment | |



If you would like to find out more about the above services or obtain a referral, please ask the FIF Resource Coordinator or mention this in your request.

How many people live in the home? _____

What is the family's net income (after taxes)? Per Month _____ Per Year _____

Does anyone else in the home have a disability? Yes No

If "yes", please describe briefly: _____

How did you hear about FIF? _____

Have you received FIF funds before? Yes No

If "yes", when and where? _____

Please answer the following questions, attaching extra sheets if you would like:

What is your dream?

What is your need?

What do you think it would take to fulfill your need and dream?

How has living with a person with a disability affected you and your family?

Optional: FiF hopes to build a network of resources for families like yours. If you have talents or materials you'd like to share with other local families in need, please identify them below:

Name of person making this request: _____

Relationship: _____

Phone: _____

Who may I contact about this application? _____

Phone: _____

Best time to call: _____

By my signature below, I verify that the above information is accurate. I also give my consent for this information to be shared with members of the First in Families (FiF) Management Team. I understand that I may be asked to participate in an evaluation process regarding FiF, which may be conducted by the state.

Signature of responsible person

Date

**Return to: FiF c/o The ARC of North Carolina
5041 New Centre Drive Suite 109
Wilmington, NC 28403
(910) 350-2737; Fax (910)- 350-2732**

**The
Arc**

Form Revised 1/14/2005

First in Families of SE NC
5041 New Centre Drive – Suite 108, Wilmington, NC 28403
910-350-2737

Individual _____ Birthday _____

- This form is used to obtain individual or legally responsible person/personal representative authorization for the one-way release of information.
- Form must be completely filled out before individual or legally responsible person/personal representative signs.
- Original form will be filed with the FiF Grant Application.
- A copy of this form will be given to the individual/family.

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

45 C.F.R. Parts of 160 and 164; 42 C.F.R., Part 2; G.S. 122C

This form implements the requirements for individual authorization to use and disclose health information protected by the federal health privacy law (45 C.F.R. parts 160,164) the federal drug and alcohol confidentiality law (42 C.F.R. part 2) and state confidentiality law governing mental health, developmental disabilities, and substance abuse services (G.S. 122C).

I, _____, authorize **First in Families of SE NC / The Arc of NC**

(Individual or individual's legally responsible person or personal representative)

to use or disclose to

Southeastern Mental Health Center (SEMHC), the State of NC Health and Human Services Division of MH/DD/SAS and the Children's Developmental Service Agency (CDSA)

(Agency or person to whom the requested use or disclosure will be made)

the following protected information:

FiF Grant Application – including Developmental Disability Diagnosis
(Specific and meaningful description of the information to be used or disclosed.)

PURPOSE OF USE OR DISCLOSURE

The purpose of the disclosure is:

to verify eligibility for First in Families to serve the individual/family.

(Purpose of the requested use or disclosure)

REDISCLASURE

Once information is disclosed pursuant to this authorization, I understand that the federal health privacy law (45 C.F.R. Part 164) protecting health information may not apply to the recipient of the information and therefore may not prohibit the recipient from disclosing it. Other laws, however, may prohibit re-disclosure. When this agency discloses disclosed mental health and developmental disabilities information protected by state law(G.S.122C) or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that redisclosure is prohibited except as permitted or required by these laws.

(Continued on Back)

Individual _____

**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH
INFORMATION**

45C.F.R. Parts of 160 and 164; 42C.F.R., Part 2:G.8. 122C

OTHER

I understand that the information to be released will only include Developmental Disability Diagnosis and the other information included on the FIF Grant Application

REVOCATION AND EXPIRATION

I understand that, with certain exceptions, I have the right to revoke this authorization at any time, except to the extent that action has been taken in reliance on it.

If not revoked earlier, this authorization expires automatically upon:

1. One year from the Date it is signed.

Or

2. _____

(Whichever is earlier.)

NOTICE OF VOLUNTARINESS

I certify that this authorization is made freely, voluntarily and without any undue force.

SIGNATURES

Signature: _____

Date: _____

Please explain representative's authority to act on behalf of individual: _____