

Innovations Waiver Registry of Unmet Needs Instructions

NC Innovations Waiver is a Home and Community Based benefit plan to support persons with Intellectual and/or Developmental Disabilities (IDD) to maximize their potential in their natural community settings as an alternative to institutional settings. At the current time, there is no additional Waiver funding available. This application can be completed in order to be considered for the Registry of Unmet Needs (waitlist) for Innovations Waiver services.

To be considered for the Registry of Unmet needs for Innovations Waiver Funding the following information must be submitted:

- 🌱 Completed Application for Innovations Waiver Registry of Unmet Needs
- 🌱 Most recent psychological evaluation (must include the following)
 - Intellectual/Cognitive Testing such as IQ assessment
 - Adaptive behavior assessment
 - Diagnosis
- 🌱 If member is over the age of 18, documentation supporting the diagnosis prior to the age of 18

If it is determined that the individual is not an appropriate referral- because the information provided indicates that the person likely does not meet criteria for participation in the Innovations Waiver- he/she will not be added to the Registry of Unmet needs. You will receive written notification about the decision.

If you have questions about the application process please call Trillium Health Resources at 1-866-998-2597.

Please return this completed application and supporting documentation to:

Mail: Trillium Health Resources
PO Box 7166
Greenville, NC 27835 - 7166
Attn: Review Committee for Registry

Email: RUN@TrilliumNC.org

Fax: 252-215-6878

--- Application begins on next page ---



Transforming Lives. Building Community Well-Being.

Innovations Waiver Registry of Unmet Needs

BACKGROUND INFORMATION

Name	_____		
Date of birth	_____		
Mailing Address	_____		
City	_____	Zip	_____
County	_____		
Telephone Number	_____	Gender	Male Female
Primary Language	English	American Sign Language	
	Spanish	Other: _____	
Guardian/Legally Responsible Person	_____		
Mailing Address	_____		
City	_____	Zip	_____
Telephone Number	_____		
Email address	_____		
Type of Guardianship	Parent of minor		
	Guardian of the Person		
	Guardian of the Estate		
	Limited Guardianship (please specify): _____		
Please include copy of guardianship document, if applicable.			
Do you have Medicaid?	Yes	No	
• If yes, what is the Medicaid ID?	_____		
• What is the Medicaid County?	_____		
Do you have Medicare?	Yes	No	
Do you have private insurance?	Yes	No	
▲ If yes, what is the insurance company?	_____		



Current Services and Supports

Where do you live?	Independently With foster family In AFL (Alternative Family Living) Other (Specify _____)	At home with biological family In group home In ICF-IID facility or nursing home
Do you attend school?	Yes (specify school & grade) _____ No	
Are you employed?	Yes (specify where): _____ No	
Do you receive specialized therapies? <i>(Check all that apply)</i>	I do not receive any specialized therapies. physical therapy occupational therapy speech therapy	recreational therapy psychology/behavior consultation dietary/nutrition specialist other (specify):

What services are you receiving now? (for example: personal assistance, respite, Medicaid personal care, CAP DA services, CAP C services, adult day program, supported employment)

Specialized Equipment & Supplies

Do you need specialized equipment or supplies that have been recommended by a physician or professional? (check all that apply)

I do not need any specialized equipment or supplies.
 diapers/pull-ups
 Ensure
 positioning devices (i.e. special car seat)
 Aids for daily living (i.e. special utensils, weighted blanket)
 communication device

Home modifications (i.e. roll-in shower, widened doorways)
 Mobility aids (i.e. ramp, wheelchair)
 Vehicle modifications (i.e. for wheelchair access)
 Other equipment needs not listed above:

Why Innovations?

What are the unmet needs of the individual? What are the pressing issues for the individual/family that could be addressed with Innovations funding? (Please specify in detail. Include additional pages if needed.)

Completed by: _____ Date: _____

Your relationship to applicant: _____

Has the legal guardian been notified of and approves of this application submission for the Registry of Unmet Needs for the Innovations Waiver? Yes No

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