



RISE Community Services Scholarship

RISE Scholarship

This application is to request funding from RISE to fund services or provide support that you need to progress toward your perfect life! Funds will be made available to promote health, safety, and quality of life to individuals and families that demonstrate an extraordinary need due to a disability or event creating hardship. Once your application is received, RISE will contact you, or your best contact, to obtain any additional information needed for your request. Once your application has been reviewed by RISE Funding Allocation Committee, a member from RISE will contact you to discuss the next steps.

Send completed applications to info@watchusrise.org or if you have questions or need assistance with application, please contact RISE Community Services office at 660-747-7990 and speak with our Community Specialist.

Funding Parameters

This Funding is only available for residents of Johnson and Henry County, Missouri

- Applications are considered for funding for each fiscal year (January – December) Applicants who are granted funding must apply each year for continued funding consideration.
- RISE Funding determination is made through a tiered system. An applicant can apply multiple times for funding.
- Funding will not be awarded for legal fees, deductible payments, debts, utilities, rent, appliances or medical prescriptions.
- If Home Modifications are requested by an applicant for property that is rented or otherwise not owned by the Applicant, and funding is approved, RISE is not responsible for the coordinating with the owner of property or for negotiating or establishing any agreement that may be necessary between the applicant and the owner of said property. RISE will not supervise, coordinate, inspect, or insure completion of any modification or addition to a home or property. The Applicant and any contractor hired by the Applicant shall be responsible for ensuring that all proper permits are obtained, and all that all work is completed in compliance with all applicable codes and in a workmanlike manner.
- The applicant/family and the support team are responsible for identifying the need for any support requested through RISE funding.
- Once funding is awarded, RISE will send an approval letter to applicant outlining the funding parameters and invoice instructions.
- RISE reserves the right to withdraw or withhold approved funding at its sole discretion based upon quarterly assessments. All approved funding shall be contingent upon the availability of funds to RISE and is not guaranteed.
- Requesting services through RISE: utilizing scholarship funding will be assessed based on available funding and service approval. During the time of services, individuals will continue seeking other funding for services.
- If approved, applicants/guardians are to be actively seeking other or waived funding. If you need guidance on this process, we will connect you with RISE's Community Specialist.
- If we are unable to meet your desired choice of service due to availability, RISE will always strive to connect you with services that maximize quality of life. RISE will assess if services are going to be needed longer than the 90 days and funding allotted exceeds.

RISE Services covered through funding; Community Networking, Day Habilitation Services, All Employment Services (Employment planning and development, and on the job supports), Skill Development, Transportation and Community Specialist



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Emergency Request: ☐

Date of Application:	
Applicant's Name:	
Age:	
Address:	County:
Diagnosis: (Please include documentation of diagnosis with application and date of onset of disability)	
Best Contact: Address: Email address: Contact Number:	
Service/Item Requested (what are you seeking funding for? Please include pictures of products or details of services. Include Amount of Request: \$ _____	
Are you requesting that RISE Community Service directly fund/pay for services or items? YES or NO If yes, if your request is approved, you will be sent a Direct Payment Request Form to complete. *Excluding respite care and person care services not provided by a provider, are reimbursement only	
Justification for Services (describe why the services/items are needed to promote health, safety, and quality of life Does your current insurance provider cover this need? Have you been denied? Please provide documentation.	
RISE Service Requested: Check the boxes <input type="checkbox"/> Community Networking <input type="checkbox"/> Skill Development <input type="checkbox"/> Day Habilitation <input type="checkbox"/> Transportation <input type="checkbox"/> Employment Services <input type="checkbox"/> Community Specialist	
Services Requested: How Many Days of the week are you requesting for: please circle Monday Tuesday Wednesday Thursday Friday Saturday Sunday	
Sliding Scale Discount Program: Only for request services through RISE excluding transportation RISE offers a Sliding Fee Discount Program in connection with the RISE Service Scholarship program to meet the needs of those seeking services with no other funding sources. RISE will base program eligibility on a person's ability to pay and will not discriminate based on age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, http://aspe.hhs.gov/poverty , are used in creating and annually updating the sliding fee schedule to determine eligibility.	



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Income: When calculating your income for the application your total should include all the following: Earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count. Family Size: _____ Monthly Gross Income: \$ _____ **Send 3 months of income statements**

What Funding resources or other supports have you tried/used in the past? Have these resources been exhausted?

- 1.
- 2.

What would happen if not approved for the service or item and the impact on Quality of Life.

Additional comments for consideration:

How did you hear about the RISE Funding? Self, School, Website, Family Friend, Agency, Other (Please Circle)

Your story is important. Would you consider being featured in RISE marketing and outreach efforts? Yes or No (Please Circle)

Does RISE Community Services have permission to use your first name, image, and/or likeness for agency related outreach and promotion? *

____ Yes, I grant permission to use my first name, image, and/or likeness in marketing and outreach efforts. This may include social media, press releases, newsletters, written articles, audio recordings, commercials, flyers, banners, billboards, etc.

____ No, I do not grant permission to use my name, image, or likeness in RISE marketing and outreach efforts.

*This does not have an impact on your funding request. If "Yes" is selected, you may be contacted by a member of the RISE marketing team.

Signature of Applicant/Guardian: _____

Requested on behalf of Applicant _____

Date: _____



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Disclaimer: RISE Community Services cannot guarantee that funding will be available. Applications will be considered and accepted or denied at the sole discretion of RISE Community Services based upon the projected availability of funds in any given year and upon criteria established by RISE leadership. RISE will make all funding decisions without regard to age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or veteran status, or any other bases under the law. Applicants who are denied shall have no right of appeal or legal recourse against RISE or its members. RISE does not guarantee that any Applicant will be provided any explanation or reasoning as to why funding is denied.

FOR OFFICE USE ONLY	
Funding Allocation Committee Review	<input type="checkbox"/> Approved \$ _____
Date:	<input type="checkbox"/> Approved with modification* \$ _____
	<input type="checkbox"/> Denied*
*Justification:	
Committee Chair Signature:	
Date:	