



Stone Soup Group ★

The TRUST
The Alaska Mental Health
Trust Authority

State of Alaska • Department of Health and Social Services
Senior and Disabilities Services

Alaska Mental Health Trust Authority Developmental Disabilities Mini-Grants

Guidelines:

The State of Alaska, Senior and Disabilities Services (SDS) administers the Developmental Disabilities (DD) Mini Grant program, funded by the Alaska Mental Health Trust Authority (The Trust). Stone Soup Group (SSG) manages the application process and coordinates with the applicant. SSG works with the Proposal Advisory Committee (PAC) to award mini-grants to qualifying applicants for equipment and services that improve quality of life and increase independent functioning. The Trust awards mini-grants with an annual limit of **one application** up to \$2,500 per beneficiary, depending upon need.

How to Apply:

The DD Mini-Grants are awarded on a monthly basis throughout the fiscal year, depending on availability of funds. The application deadline for requests is the close of business by the 15th of each month. If the deadline falls on a weekend or holiday, the deadline rolls to the next business day. Each Short Term Assistance Referral (STAR) program, DD grantee provider, and Early Intervention program (also known as the Referring Provider Agency) is limited to submitting five applications per month.

Mini-grant applications must be reviewed and submitted by a Referring Provider Agency. They can be completed on behalf of the applicant by the DD grantee provider personnel, a care coordinator, STAR coordinator, or early interventionist. Referring Provider Agencies can be found in the links below.

<http://dhss.alaska.gov/ocs/Pages/infantlearning/providers>

<http://dhss.alaska.gov/dsds/Documents/dd/DDGranteeProvidList.pdf>

http://dhss.alaska.gov/dsds/Documents/grantservices/PDFs/STAR_Roster.pdf

Eligibility:

Eligible applicants are The Trust beneficiaries that include:

- Individuals with Developmental Disabilities, and
- Children enrolled in Early Intervention or an Infant Learning Program

For more specific eligibility criteria see *Alaska statute definition [AS 47.30.056(e)]* located on The Trust's website: www.mhtrust.org.

Funding Priority:

Requests will be reviewed in order of the following priorities:

- 1) Medical Equipment and Services
- 2) Dental Equipment and Services
- 3) Vision Equipment and Services
- 4) Hearing Equipment and Services
- 5) Physical, Occupational or Speech Therapy Equipment and/or Services
- 6) Home Improvements or Environmental Modifications

Please submit application via **Email:** dminigrants@stonesoupgroup.org

Fax: Attn: DD Mini-Grants (907)561-3702

In-Person or Mail: Stone Soup Group, 307 E. Northern Lights Blvd. Suite 100, Anchorage, AK 99503
For questions contact Amy Westfall or Diana Hill at the email above or (907)561-3701.



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Applications must be submitted by a STAR program, a Developmental Disability (DD) grantee provider or an Early Intervention (EI) program and are due by the 15th of each month. Each STAR office, provider agency and EI agency is limited to five application submissions per month.

APPLICATION CHECKLIST

<p>Completed DD Mini-Grant, Application Form (2 pages)</p>	
<p>Paperwork showing DD and/or EI eligibility <i>Current and valid DD eligibility letter from State of Alaska, front sheet of IDD or APDD, waiver or front sheet of Individual Family Service Plan.</i></p>	
<p>Letter(s) of necessity and/or support Letter(s) should be from the appropriate professional justifying that requested item(s)/service(s) will improve the quality of life and increase independence of the applicant. Letter of support must also demonstrate the therapeutic benefit to the applicant. Letters should not be from the professional rendering services to the applicant.</p>	
<p>Two quotes for each item or service being requested One quote is acceptable if item or service is not offered anywhere else. Please include accurate shipping costs to Alaska. Note: <i>Many vendors do not ship to P.O. Boxes or to Alaska.</i></p>	
<p>Completed order form, invoice, or printed online shopping cart of requested item(s) Provide the correct shipping address and include any special instructions (if needed). Please Note: <i>Many vendors will not ship to P.O. Boxes or to Alaska.</i></p>	
<p>Shipping Costs Ensure that an accurate shipping quote is included for each item requested in the application. Confirm that shipping is available to Alaska.</p>	
<p>Signed Release Of Information (ROI) form for all parties who would like to receive communication about award status. <i>This is a legal requirement. Please ensure the date of the ROI is current and valid.</i></p>	

*Please pay close attention to this checklist. Print it out and check it TWICE.
If any documents are missing, the application may be delayed or denied.*

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APPLICATION FORM

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Applicant:		Date of Birth:	
Parent or Guardian:			
Address:			
City:	Zip Code:	Phone:	
Email address (for communication and status):			
Email address (for communication and status):			
<p>Check beneficiary category that applicant is eligible for:</p> <input type="checkbox"/> Developmental Disabilities(POC page from applicable waiver or DD eligibility letter from SDS) <input type="checkbox"/> Early Intervention/Infant Learning Program(IFSP page or letter of eligibility)			
<p>Current funding sources for services (check all that apply):</p> <input type="checkbox"/> Office of Children’s Services (OCS) <input type="checkbox"/> Private Medical insurance <input type="checkbox"/> Early Intervention/Infant Learning Program <input type="checkbox"/> Home and Community Based Waiver Services <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (Please specify): _____ Amount expected to be covered by other means: _____			
<p>Amount Requested (Max. \$2,500): \$_____for equipment and/or services to meet the following needs:</p> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical/Occupational/Speech Therapy <input type="checkbox"/> Home Improvement/Environmental			
Clearly write the address where the item(s) or check(s) should be sent.		ATTN:	
*note many vendors do not send products to P.O. Boxes		Street Address:	
City:	State:	Zip Code:	
<p><i>Attach all supporting documentation (e.g. estimate from a vendor, letter(s) of support, catalog page/order, and/or prescription from a licensed health care professional)</i></p>			
<p>Briefly list service(s) and/or item(s) requested in order of preference:</p>			

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Briefly describe how the item(s) requested will improve the applicant’s quality of life and increase independent functioning. (How does the request support the POC, IFSP or other care plan?)

Person completing form:	Relationship to applicant:
Email (for communication and status):	Telephone:
Referring Provider Agency:	Agency Contact:
Email (for communication and status):	Telephone:

- This Mini-Grant Application must be signed in order to be processed.
- Please review the application checklist carefully. Incomplete applications will be delayed or denied.
- Each person designated on this application must be included on a corresponding Release of Information (ROI) in order to be HIPPA compliant. Only persons designated here and included on a signed, valid ROI will receive award status notification.

The signatures below certify that:

- The information submitted in this form is true and accurate to the best of my knowledge.
- The items or services requested are not covered by any other funding source.
- All components required for this application packet are included and all fields are complete.

Signature of individual completing application

Date: _____

Signature of applicant/legal guardian

Date: _____

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