

Parkinson Network of Mt Diablo (PNMD)

FLYING SOLO ASSISTANCE PROGRAM APPLICATION PROCESS

The terms and conditions of PNMD's proposed Flying Solo Assistance Program ("Program") are as follows:

1. GRANTS:

- 1.1. Flying Solo care is designed to provide supplemental care to the **Person with Parkinson's (PwP) living alone with little or no in-home support.** The focus of the Program is to provide qualified applicants who need financial assistance to help pay for professional, reliable, and scheduled care through an outside agency or service provider;
- 1.2. Grants are awarded in an amount not to exceed \$1200.00 per member household per year so long as allocated funds remain available in PNMD's annual budget. Administrative costs incurred are in addition to the base grant amount;
- 1.3. Grants awarded expire 12 months from the date of the award;
- 1.4. Grants are not cash awards paid directly to PNMD members. Any financial assistance offered by PNMD is paid directly to an approved service provider/agency. Notwithstanding, the PwP who receives an award is responsible for determining the tax consequences, if any, of the benefits received through the Program.

2. APPROVED SERVICE PROVIDERS/AGENCIES:

- 2.1. PNMD approved service providers/agencies must be properly licensed to provide home care, have employees who are capable of providing quality in-home care to a PwP, and/or have on-site adult day care services appropriate for a PwP.

3. ELIGIBILITY

- 3.1. It is PNMD's intent to provide members who live alone but need occasional assistance, but who may forgo obtaining professional

respite care due to financial constraints. To be considered for a grant, each of the following criteria must be met:

- 3.1.1. Applicants must be registered members of PNMD. New members may register on PNMD's website at <https://pnmd.net/join-or-renew/>;
- 3.1.2. Applicants must be a PwP, who as a result of limited social support (e.g., living alone), are primarily self-reliant for their care;
- 3.1.3. Applicants must reside within PNMD's local service areas (Contra Costa and Alameda counties only); and
- 3.1.4. Applicants cannot have previously submitted a Flying Solo Grant Program application within the previous 12-month period.

4. APPLICATION PROCESS

- 4.1. PwP's living alone who are interested in being considered for a grant are required to: Complete and submit (either on-line or by mail) PNMD's application form (available on PNMD's website);
- 4.2. Self-certify that they have been medically diagnosed with Parkinson's Disease (PD), or a variant form of PD, as recognized by the Parkinson's Foundation;
- 4.3. Submit a written self-certification that the applicant is:
 - 4.3.1. That s/he is willing to communicate, coordinate, and cooperate with an assigned service provider/agency to the extent required to facilitate the necessary level of their care;
 - 4.3.2. That any assigned service provider/agency is authorized to release information to PNMD for the purpose of invoicing and payment for services provided in connection with this Grant Program; and
 - 4.3.3. That any services obtained from an assigned service provider/agency in excess of the amount granted under this Grant Program is the sole responsibility of the applicant.

5. APPLICATION REVIEW AND APPROVAL:

5.1. The Care Assistance Programs Committee (“Committee”) or the Care Assistance Programs Administrator (“Administrator”) will process applications in the following manner:

- 5.1.1. Date and time stamp all incoming applications;
- 5.1.2. Review fully completed applications on a first come, first served basis for compliance with eligibility requirements and check to see that the requested documentation has been provided;
- 5.1.3. Determine the amount of funding and assign one or more approved service providers/agencies;
- 5.1.4. Notify the awardee that their application has been approved, the amount of the grant, and the assigned service providers/agencies;
- 5.1.5. Inform the awardee to deal directly with the assigned service provider/agency to obtain the necessary respite care services and that they must initiate communications with the assigned service provider/agency within 6 months and utilize the grant within 12 months of the date of the award;
- 5.1.6. Inform the awardee that PNMD’s sole responsibility is to pay for any services provided by the service provider/agency within a reasonable period of time upon receipt of an invoice for up to the grant amount awarded under the Program. **Any remaining balance due is the responsibility of the awardee;**
- 5.1.7. In the event an application does not meet all the eligibility requirements, or if any of the requested documentation is missing, the Committee will provide a written response to the applicant noting such deficiencies. Deficient applications that can be and have been corrected, may be re-submitted, and will receive a new date and time stamp.

6. PROGRAM IMPLEMENTATION AND ADMINISTRATION

- 6.1.** PNMD shall administer the program and is responsible for the following:
- 6.1.1.** Finalize program details, annual budget, and maximum grant award;
 - 6.1.2.** Determine need for administrative assistance to manage program;
 - 6.1.3.** Finalize program documents for review;
 - 6.1.4.** Develop payment procedures; and
 - 6.1.5.** Develop the criteria to be used to assess program's effectiveness.