

Numbers, names of bond carriers, contact persons and telephone numbers, child care licenses and other documentation of professional accreditation, information on compliance with Federal/State/local government standards, documentation of experience in the program area, and other pertinent information. Any non-profit organization submitting an application must submit proof of its non-profit status in its application at the time of submission. The non-profit agency can accomplish this by providing a copy of the applicant's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS code, or by providing a copy of the currently valid IRS tax exemption certificate, or by providing a copy of the articles of incorporation bearing the seal of the State in which the corporation or association is domiciled.

**Budget and Budget Justification:** Provide line item detail and detailed calculations for each budget object class identified on the Budget Information form. Detailed calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. The detailed budget must also include a breakout by the funding sources identified in Block 15 of the SF-424.

Provide a narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs.

#### **Part IV. Fiscal Year 2003 Families of Children with Disabilities Support Projects—Description and Requirements**

**Purpose:** Project funds must be used to support the planning and development of family support activities contributing to the self-determination, independence, productivity, and integration and inclusion in all facets of community life of such individuals. Projects will:

(1) Ensure the full participation, choice and control of families of children with disabilities, including children with developmental disabilities, in decisions related to the provision of such family support for their family;

(2) Ensure the active involvement of families of children with disabilities, including children with developmental disabilities, in the planning, development, implementation, and evaluation of the project; increase the availability of, funding for, access to,

and provision of family support for families of children with disabilities, including children with developmental disabilities;

(3) Promote training activities that are family-centered and family-directed and that enhance the ability of family members of children with disabilities, including children with developmental disabilities, to increase participation, choice, and control in the provision of family support for families of children with disabilities, including children with developmental disabilities;

(4) Increase and promote interagency coordination among State agencies, and between State agencies and private entities that are involved in these projects; and

(5) Increase the awareness of laws, regulations, policies, practices, procedures, and organizational structures that facilitate or impede the availability or provision of family support for families of children with disabilities, including children with developmental disabilities.

**Background Information:** Promoting family support for families with a child with a disability is a new phase in the evolution of Federal disability policy. Historically, families with a child with a severe disability would only receive support once the child was placed in a state institution. In recent decades, disability policies have progressed to promote a more family-centered approach to service provision; indeed, many States have or have initiated family support legislation. This accomplishment is often the result of initiatives developed by the State Developmental Disabilities Councils. Currently, all the States and the District of Columbia offer some type of family support program. This support consists of any community-based service administered or financed by the State mental retardation/developmental disabilities agency providing for vouchers, direct cash payments to families, reimbursement, or direct payments to service providers that the State agency itself identified as family support. A broad range of services fall within family support including—cash subsidy payments, respite care, family strengthening through such services as parenting education and marriage education, architectural adaptation of the home, in-home counseling, sibling support programs, education and behavior management services, and the purchase of specialized equipment. Family support is a growing expenditure in State budgets. Family support expenditures advanced from \$569 million for 279,266 families in 1996 to \$1.0 billion for 385,414 families

in 2000. Family support spending constituted 3.6 percent of total MR/DD State resources in 2000, up from 2.3 percent in 1996. All 50 States reported a family support initiative in either cash subsidy, or other family support activity. (Braddock, D., Hemp, R., Rizzolo, M.C., Parish, S. & Pomeranz, A. (The State of the States in Developmental Disabilities: 2002 Study Summary. Boulder, CO: Coleman Institute for Cognitive Disabilities & Department of Psychiatry, University of Colorado).

The Federal government's involvement in family support began in 1982 with what is known as the "Katie Beckett Waiver." This provision amended the Medicaid law to give States the option to waive the deeming of parental income and resources for any child 18 years of age and under who is eligible for placement in a Medicaid certified long-term care institution or hospital, ICF/MR or nursing home. This waiver allows parents access to an array of family, home and community supports. Many States use this option, which requires States to determine that (1) the child requires the level of care provided in an institution; (2) it is appropriate to provide care outside the facility; and (3) the cost of care at home is no more than the cost of institutional care. In States that use this option, parents may choose either institutional or community care for their Medicaid eligible children.

Federal disability policy in the 1980s increasingly began to reflect the principles of family-centered, community-based, coordinated care as Federal programs were established or reauthorized. Among these were:

(1) The Temporary Respite Care and Crisis Nurseries Act of 1986 that funded a variety of in-home and out-of-home respite programs;

(2) A new part H for infants, toddlers, and their families was added in 1986 to the Education of the Handicapped Act; (as of 1997, part C of the Individuals with Disabilities Education Act (IDEA));

(3) The reauthorization of the Maternal and Child Health Care Block grant in 1989 emphasized these principles in its Children with Special Health Care Needs program; and

(4) A definition of family support services was added in 1990 to the Developmental Disabilities Assistance and Bill of Rights Act.

**Minimum Requirements for Project Design:** ADD requires grant funds to be used to support the development of State policies that reinforce and promote, with the support of families, guardians, advocates, and communities, of individuals with developmental