

2018 Life Enhancement Program: Application for Direct Grant

Overview and Guidelines

The Life Enhancement Program (LEP) is open to all individuals with Down syndrome and their families that live in Columbia, Dane, Dodge, Green, Iowa, Jefferson, Richland, Rock, and Sauk Counties and are members in good standing of the Madison Area Down Syndrome Society (MADSS). The priorities of the program are as follows:

1. Individuals with Down syndrome have access to resources to attain physical and mental wellness.
2. Individuals with Down syndrome develop life skills based on their individual potential.
3. Individuals with Down syndrome participate in vocational and mentorship opportunities.
4. Individuals with Down syndrome are accepted and included in community and public activities.

LEP grant requests that match one or more of the priorities above can be reimbursed based on the following:

- Non-covered therapeutic and medical activities and equipment can be reimbursed up to 100%. Documentation that the activities or equipment has been provided or recommended by a licensed practitioner is required.
- Educational materials (such as books, classes, conferences, technology, etc.) can be reimbursed up to 100%.
- Community inclusion programs (such as sports activities, recreational programming, social activities, etc.) can be reimbursed up to 100%. Daycare will not be reimbursed.

Regardless of the category, the maximum amount available per individual with Down syndrome is \$200 for expenses incurred in 2018. Documentation (invoices, paid receipts, description of activity, etc.) must be included with this application. The final decision about qualification for LEP funds rests with MADSS' Board of Directors. The LEP is funded by grants and donations to MADSS. MADSS reserves the right to decline applications if money is no longer available, if an application is incomplete, or the request does not qualify. The LEP Fund will award no more than \$7,500 per year dependent on the donations and grants MADSS receives for this program.

Applications will be reviewed by the MADSS Board of Directors and will be paid bi-monthly. To ensure timely consideration, grant applications with documentation must be received on or before the first day of each month. All requests for 2018 must be received before January 1st, 2019.

If you have any questions, please contact MADSS info@madss.org or 608-692-7653.

You have two options to submit a LEP grant applications:

1. Complete the attached application. Be sure to scan and email the application and required documentation to info@madss.org
2. Print and fill out the application on the next page. Mail the application with the required documentation to: Madison Area Down Syndrome Society, PO Box 44796, Madison, WI 53744.

2018 LEP Grant Application

Date: _____

Name of individual with Down syndrome: _____ DOB: _____

Person submitting form: _____

Relationship to individual with Down syndrome: _____

Address: _____

Email: _____ Phone: _____

LEP Priority (Select 1):

- Individuals with Down syndrome have access to resources to attain physical and mental wellness.
- Individuals with Down syndrome develop life skills based on their individual potential.
- Individuals with Down syndrome participate in vocational and mentorship opportunities.
- Individuals with Down syndrome are accepted and included in community and public activities.

Program Type (Select 1):

- Non-covered Therapeutic/Medical (100%)
- Educational (100%)
- Community Inclusion (100%)

Amount requested: _____ Funds to be paid to: _____

Address: _____

- I have not requested reimbursement for these expenses from any other source and will not do so if I receive these funds. (If requested from another source, but denied, please explain on a separate page.)

Program/activity/equipment description:

How does the program/activity/equipment described match the priority selected above:

How did the individual with Down syndrome benefit from this program/activity/equipment:

****Staff Use Only****

Approved: Yes No Signature: _____ Date: _____

Paid: ___ Check #: _____ Amt: _____