



WAYNE COUNTY COMMITTEE CARING FOR CHILDREN & ADULTS, INC.

Return Applications to:

PO Box 406 • 215 S. Walnut St. Wooster, OH 44691

Phone: (330) 264-5576 Fax: (330) 264-5607 www.uwwh.org/wcccca

Individual Application

Wayne County Committee Caring for Children & Adults (WCCCCA) works to enhance the wellbeing of individuals with disabilities or other complex medical needs through personalized medical equipment, innovative technologies, and targeted financial assistance. Applications for assistance are reviewed based on alignment with our mission, financial need, and availability of funds.

Completed applications and all required documentation or quotes must be received by United Way Wayne and Holmes (UWWH) by the **first Thursday of the month** to be considered at that month's meeting. Applications received after the deadline will be reviewed at the following month's meeting. For questions or assistance with the application, please contact UWWH at (330) 264-5576. A separate **Group and Non-Profit Application** is available for organizations requesting assistance.

APPLICATION GUIDELINES

- WCCCCA primarily covers: medical equipment, medical supplies, services for individuals with physical or medical disabilities
- All applications **must include** a statement on company letterhead/or prescription from applicant's doctor verifying the need for the assistance being requested
- Applicant must be a resident of Wayne County for at least 90 days
- Applicant cannot have insurance that covers the need
- Individuals cannot be assisted more than once in a 12-month period
- Refer to the **WCCCCA Preferred Vendors List** for recommended local contractors and providers
- Additional application guidelines listed below for **Medical Equipment, Medical Supplies/Medications, and Wheelchair Ramps**
- **Home Modification Requests** must be submitted using a separate Home Modification Application

Medical Equipment

Application must also include at least two quotes from two different suppliers.

Medical Supplies or Medications

A copy of your prescription must also be included with your completed application.

Wheelchair Ramps

All applications must submit two written quotes from two different contractors to be considered for review. Additionally, applicants whom rent their home must submit documentation with approval from their landlord to be considered for assistance.

WCCCCA Does Not Pay For:

- Medicaid spend downs
- Insurance co-pays and/or deductibles
- Prescriptions covering narcotics
- Surgery/Medical Testing
- Outstanding medical or hospital bills



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Name of Applicant: _____		Date of Birth: ___/___/___	Age: _____
Name of Parents If Applicant is under age 18: _____			
Address: _____		City: _____	Zip: _____
Phone Number: _____		Email: _____	
Length of residence in Wayne County: _____			

INFORMATION ABOUT REQUEST

Medical Diagnosis or Disability: _____		
Date disability began: _____	Your height: _____	Your weight: _____
Do you have insurance/Medicare/Medicaid? ___Yes ___No		
If Yes, Name of Insurance Company: _____		
Have you ever applied to the Committee before? ___Yes ___No		If Yes, year of application: _____
Were you referred to apply for assistance by a Committee member? ___Yes ___No		
If Yes, by who? _____		
What assistance do you need from the Committee?		
_____ Medical Equipment		
_____ Medical Supplies or Medications		
_____ Wheelchair Ramp		
_____ Other: _____		
Describe the item being Requested: _____		
Are there any other circumstances that the Committee should consider when reviewing your application? _____		



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PERSONAL/FINANCIAL INFORMATION

Current Monthly Household Income (includes all person(s) income from all sources): \$ _____	
Number of Family Members in Household: _____	
Sources of household income: _____	
Do you own your home? ____ Yes ____ No	Do you rent? ____ Yes ____ No
If Yes, Mortgage per month \$ _____	If Yes, Rent per month \$ _____
Are there any other financial circumstances that the Committee should consider when reviewing your application?	

WHEELCHAIR RAMP REQUEST

Please note, requests for wheelchair ramp installation will be the property of the Wayne County Committee Caring for Children & Adults, and should be returned to the committee if and/or when the wheelchair ramp is no longer needed.

Are you requesting assistance with the purchase and/or installation of a wheelchair ramp? ____ Yes ____ No If Yes, continue to below questions. If No, skip this section	
WCCCCA typically assists with Aluminum ramps. Are you okay with an aluminum ramp? ____ Yes ____ No	
If No, please explain: _____	
Is there currently a wheelchair ramp (working or not) installed at your place of residence? ____ Yes ____ No	
How do you intend to maintain the ramp throughout the year? _____	

I hereby release all information to the Wayne County Committee Caring for Children and Adults, authorize that it is true to the best of my knowledge, and give permission for the committee or their agency, United Way, to investigate the above information and discuss it among themselves and/or other agencies or programs that may have a concern or be of some assistance. **I understand that if the committee grants my request, I may be asked to provide my first name and picture for use on the committee's website and printed publications.**

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

It is the policy of the Wayne County Committee Caring for Children and Adults, Inc., that no person shall be denied services on the basis of race, ethnicity, age, color, national origin, sexual orientation, physical or mental handicap, or developmental disability according to Title VI of the Civil Rights Act of 1964; or any person with "HIV" or Aids-related complex; or in any manner prohibited by the laws of the State of Ohio and the United States.

OFFICE USE ONLY	
Approval/Denial:	
Date of Meeting	
Decision Made:	