



Community Development Block Grant (CDBG): 2013 APPLICATION



PART A – PROGRAM/PROJECT INFORMATION

1. **Program/Project Name:** Personal Cares Program
2. **Sponsoring Organization:** Compassionate Home Health Care, Inc.
3. **Federal Tax Identification Number:** 27-2472623
4. **Contact Person Name/Title:** Dawn Ristow/CEO/President
5. **Telephone:** (920) 257-4383 x
6. **Email:** dawn.ristow@gmail.com
7. **Address:** *street* – 3601 Commerce Court, Suite # 1 *city* – Appleton *zip code* – 54911

PART B – PROGRAM/PROJECT INDICATORS

1. **National objective claimed:**
X Benefit low moderate income persons Prevent/eliminate slum or blight
2. **Program category:**
 Acquisition Housing
 Administration/Planning Public Facilities
 Economic Development x Public Services
3. **High priority need(s) met (use list provided in Exhibit A):**
a) Health & Safety
b) Persons with Special Needs
c) Children/Youth
4. **Proposed output type and number (select more than one if necessary):**
X 20 low income persons served _____ housing units rehabilitated/acquired
X 12 households persons with special needs _____ jobs created/retained
 _____ businesses rehabilitated other (*specify*):
5. **Other outputs/indicators associated with the program/project (limit answer to the space provided):**



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PART C – PROGRAM/PROJECT FUNDING INFORMATION *(limit narrative responses to the space provided)*

1. CDBG funds requested (minimum of \$10,000): **\$\$25,000**
2. Detailed program/project budget (Please be as detailed and specific as possible).

Program/Project Activity	CDBG Award Allotment
Salaries	\$64,714
Fringe	\$
Office space (program only)	\$3,960
Utilities	\$1,440
Communications	\$
Copies/Printing	\$750
Supplies and Materials	\$288
Mileage	\$3,000
Audit	\$1,500
Indirect costs (specify)	\$
Other Extra hours for low income walk-ins	\$23,000
Other Additional hours for clients with special needs	\$36,280
Other (specify)	\$
Other (specify)	\$
Other (specify)	\$
TOTAL:	\$134,932

3. Percent of total program/project budget that will be covered by this CDBG award:
5.40%
4. Anticipated future CDBG funding needs for this program/project: **This is meant to be a one-time request.**
5. **If this request is not a one-time use of CDBG, describe the reasoning/plan for use of future funds.**

6. Amounts of prior year CDBG awards for this program/project:
 - a) 2012-2013 = \$0
 - b) 2011-2012 = \$0
 - c) 2010-2011 = \$0



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7. SPECIFIC major sources that will/may also fund this program/project in 2013:

Leverage Source	Amount	Status
a) Community Foundation for the Fox Valley Region	\$3,000	In Process
b) Prospera Credit Union	\$3,000	In Process
c) Kimberly Clark	\$3,000	In Process
d) J.J. Keller Family Foundation	\$5,000	In Process
e)	\$	(select one)

8. Describe your efforts to secure additional/complementary funding for your program/project. If this program/project will generate program income, please note the amount and how it will be spent.

Compassionate Home Health Care (CHHC) secures funding for our program by nurturing current relationships with existing partners and collaborators; and cultivating and developing new donors so to secure future and long-standing funding. We are guided by our annual development plan. This plan is reviewed quarterly. We do this so to manage expectations and gauge the process, and thus the progress toward our financial goals. These efforts reinvigorate and strengthen our current donor base and internal operations through an extensive and evolving process. As part of an ongoing process, new sources of grants are identified and applied for. Already, the work that we are doing has started a string of discussions that have involved forming a resource development committee; to include current the board of directors and other community members.

PART D – PROGRAM/PROJECT DESCRIPTION

(limit narrative responses to the space provided)

1. Provide an overview of the program/project that seeks CDBG funding.

Compassionate Home Health Care is a not-for-profit, Medicaid certified, personal care agency. Our mission is to create a safe and positive independent living environment for adults and children with a physical, mental or emotional special need(s), or a long-term illness(es). We offer accessible outreach and collaborative programming to help meet the needs of adults and children who need personal cares, routine home cares and respite services. We reach 64 residential homes throughout the Fox Valley region.

2. Describe how requested CDBG funds will be utilized within the program/project; list ALL activities for which the CDBG funds will be used (salaries/fringes, rehabilitation costs, direct assistance, etc.). For example: If the budget includes funding for a position, please list title and salary or hourly wage and what percentage of the position will be funded by grant dollars. The funds will be used to supplement the decrease in funding that our 12 clients with special needs community cares are losing in personal care services. This loss is due to Medicaid and Community Care funding cuts. And, so that we do not have to turn away low-income individuals that seek personal care services and NOT receive Medicaid or Community Cares; and do not have the budget to pay for them out-of-pocket.

This will include activities for caregivers to provide personal care services; to include, but not limited to the following: oral hygiene; bath cares; perineal care; bed pan services; skin care; positioning clients; catheter care, blood sugar testing; vital signs; assist w/ oral meds; assist w/ colostomy bag; bowel program; assist w/ tube feeding; non-sterile dressing; skin care; assist with feeding; hearing aids; ambulate; wheelchair; socialization; and homemaking relevant to care.



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3. Identify the projected target population your proposed CDBG-funded program/project will serve (i.e. age, race, residency, disability, income level, other unique characteristics/information).

We reach 64 households in various communities. Below is a list of those communities and the % of clients who reside in each of these communities: Calumet – 11% Outagamie – 65% Waupaca – 1% N. Winnebago – 17% .

The majority of our services are for clients ages 30 – 64; that are Caucasian, with an annual household income \$15,001 and not higher than \$25,000.

4. Describe how your program/project coordinates with others to avoid duplication of service. Medicaid will not allow for two personal care agencies to bill for the same service.

To work toward the goals of CHHC we seek the appropriate collaborations so to maximize our reach in the community without duplicating services.

We work closely with area agencies, such as Fox Valley Sibling Support Network, NAMI and Child Care Resource and Referral

5. Provide any additional narrative that will help to further illustrate the mission and/or purpose of the program/project and how it uniquely meets priority needs in the community.

Compassionate Home Health Care has been able to successfully provide services to the community for more than three years. The need to deliver a diverse number of services to a growing population, the movement of the baby boom generation into retirement, and a tightening economy has made fundraising more challenging. In an effort to cover the costs of the programs and services that the community has come to expect from us, and to ensure we continue to meet the increasing demand for our services, we have declared that a consistent source of funding is needed.

PART E – PROGRAM/PROJECT OBJECTIVE/OUTCOMES *(limit narrative responses to the space provided)*

1. Check one HUD-defined objective that best relates to your potential CDBG-funded program:

X Create Suitable Living Environments → address issues in daily life (social barriers, physical barriers, etc.)

Provide Decent Affordable Housing → address individual, family, or neighborhood housing needs

Expand Economic Opportunity → address economic development (job creation, commercial rehab, etc.)

2. Check one HUD-defined outcome that best relates to your potential CDBG-funded program:

X Availability/Accessibility → make basic services more readily available/accessible to low-income persons

Affordability → make basic services more affordable for low-income persons in a variety of ways

Sustainability → improve the overall viability of communities (blight elimination, LMI benefits, etc.)



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3. Describe how the potential CDBG-funded program relates to the primary objective and outcome chosen above.

We cater to the unique and special needs that each of our clients require. This allows our clients to receive great care, while being comfortable and secure living independently in their home(s).

We do this by cultivating relationships with referral sources, and by providing on-going educational workshops and seminars, so that our caregivers are knowledgeable and confident with the level of care they provide to our clients, in their home.

By providing our clients with an environment that is unique to their special needs, with the confident of competent and professional caregivers, CHHC is fostering a suitable living environment that encourages and supports the caregivers, home care clients, and family members access to realize their full potential.

4. Briefly describe data that will be collected and/or analysis used to measure success in achieving your objectives and outcomes for the target population identified above.

Medicaid has set the standard requirement for us which are: Initial nurse assessment/intake, Doctor order being written up and a plan of care put in place. Every sixty-days (60) there is a nurse supervisory visit to make certain the caregiver is following the plan of care. If additional RN delegated tasks are required for client(s), (i.e. wound care, tube feeding, etc.) then we are required by the state to have the RN sign off that caregivers can perform this specific task.

After 90 days a survey is mailed to the client to fill out and then mailed back to us, and then CHHC reviews it to track progress toward plan of care. This provides checks and balances, and deeper insight into how CHHC caregivers are performing personal cares for our clients.

PART F – ATTACHMENTS

1. Please attach the following information relating to your organization:

- Administrative Structure Chart
- Articles of Incorporation and Bylaws
- Board of Directors/Officers Roster
- Mission Statement
- Budget (most current)

PART G – AUTHORIZATION

Dawn Ristow

Name of Authorizing Officer

CEO/President

Title of Authorizing Officer

Authorized Via Email

Signature of Authorizing Officer

September 13, 2013

Date