



## **FAMILY SUPPORT LOAN FUND**

### **DIVISION FOR DEVELOPMENTAL DISABILITIES**

4055 South Lowell Blvd

Denver, CO 80236

Phone: (303) 866-7450

FAX: (303) 866-7470

TDD: (303) 866-7471

### **PURPOSE:**

The purpose of the Family Support Loan fund is to provide access to short-term low interest rate loans in order to purchase family support services, which help to maintain a dependent family member with a developmental disability in the home.

### **WHO MAY APPLY:**

Only families who maintain a family member(s) with a developmental disability in their home are eligible to apply for a Family Support Loan. Families enrolled in the Family Support Services Program are eligible to apply for a Family Support Loan. However, FS Loans cannot be repaid using funds from the Family Support Services Program.

### **HOW TO APPLY:**

Colorado is divided into twenty (20) designated service areas. You should contact the Community Centered Board (CCB) in your area (see next page for listing) for eligibility determination. The CCB is responsible for determining eligibility for all services and supports funded by the Division for Developmental Disabilities (DDD), in this case, the Family Support Loan fund.

The CCB is required to follow certain timelines for completion of the eligibility determination. These timelines may vary depending upon the availability of information needed to make an eligibility determination. Once you have been determined eligible according to the state definition, the CCB can assist the family, if requested, to ensure that the loan application is completed.

### **WHEN TO APPLY:**

Applications are accepted at DDD during the open application period, December 15, 2013 through January 31, 2014. Applications must contain CCB staff signature verifying that the applicant is eligible for Family Support Services Program. Lack of full disclosure of necessary information on the loan application will be cause for disapproval of the loan.

Loans will be reviewed the week of March 31 and you will be notified of the decision by April 7, 2013. Checks will be issued in May and June 2014.

### **DESCRIPTION:**

- ❖ The outstanding loan amount for any family may be up to a maximum of \$8,000.00.
- ❖ Loans can be for a maximum period of sixty (60) months.
- ❖ The Colorado State Treasurer calculates the interest rate based on the annual earning rate for the preceding fiscal year. The interest rate for loans made in 2014 will be 1.07%.
- ❖ Loans must be for the purpose of assisting to maintain the family member with a developmental disability at home.
- ❖ Repayment of the loan is the full responsibility of the applicant(s). Funds received from the Family Support Services Program may not be used to repay the loan.
- ❖ DDD will perform credit checks as a part of the review process.
- ❖ Loan recipients will be required to sign a Promissory Note. No collateral will be required.
- ❖ Proof of purchase for goods or services purchased with loan proceeds must be submitted to DDD within six months of loan.
- ❖ Defaulted loans will be referred to State Collections if a monthly payment is more than 30 days late.
- ❖ We will not consider applications without valid Social Security numbers.

### **FEATURES:**

The desire to be flexible to individual family circumstances and needs makes it difficult, if not impossible, to cover all the possible areas that could help support a family. Following are some examples of the types of services and supports that may be purchased with a Family Support Loan:

- ❖ Adaptations to home
- ❖ Construction Materials/labor
- ❖ Specialized Transportation
- ❖ Adaptations to Transportation
- ❖ Special Equipment/Clothing
- ❖ Medical/Dental
- ❖ Other

### **EXCLUSIONS:**

Some items are specifically excluded from this loan fund and requests for such items will not be considered for approval. Loan funds may not cover items that are regular everyday costs that are necessary for supporting any typical family, such as:

- ❖ Down payments on homes
- ❖ Normal home maintenance and upkeep
- ❖ Items not directly related to the person's disability
- ❖ Requests, which do not directly relate to maintaining the person in the home.
- ❖ Cost of current or future therapies

# COMMUNITY CENTERED BOARDS

Agency name, address, city & telephone number where the main office is located.

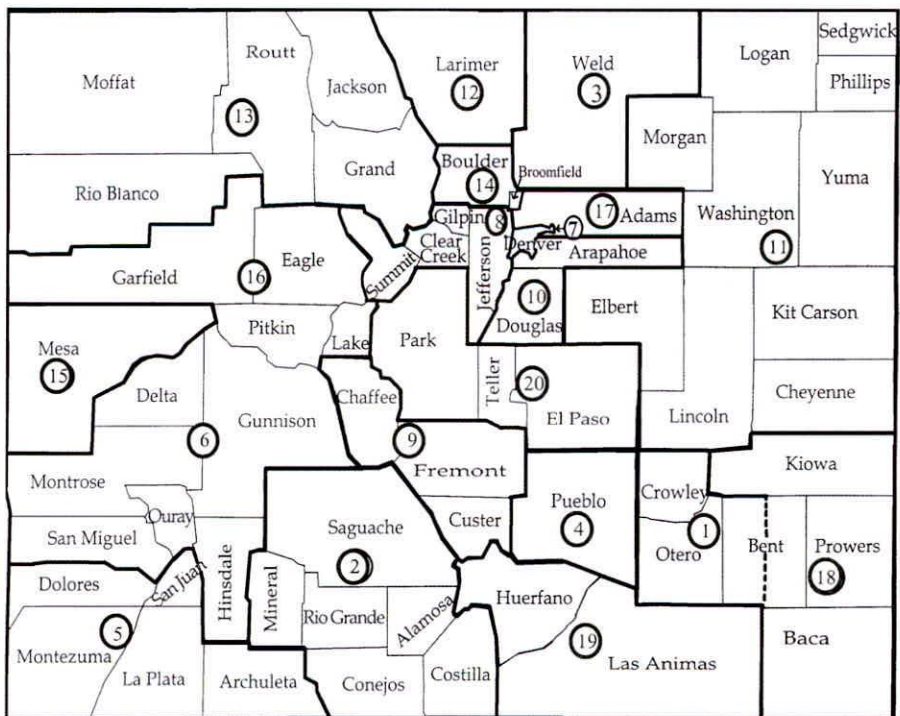
- |  |                |  |                |
|--|----------------|--|----------------|
| (1) <b>Inspiration Field</b><br>1500 San Juan Avenue, La Junta, CO 81050                                     | (719) 384-8741 | (11) <b>Eastern Colorado Services</b><br>617 South 10 <sup>th</sup> Ave., Sterling, CO 80751             | (970) 522-7121 |
| (2) <b>Blue Peaks Developmental Services</b><br>703 Fourth Street, Alamosa, CO 81101                         | (719) 589-5135 | (12) <b>Foothills Gateway</b><br>301 Skyway Drive, Fort Collins, CO 80525                                | (970) 226-2345 |
| (3) <b>Envision</b><br>1050 37 <sup>th</sup> Street, Evans, CO 80620   | (970) 339-5360 | (13) <b>Horizons Specialized Services</b><br>405 Oak, Steamboat Springs, CO 80477                        | (970) 879-4466 |
| (4) <b>Colorado Bluesky Enterprises</b><br>115 West 2 <sup>nd</sup> Street, Pueblo, CO 81003                 | (719) 546-0572 | (14) <b>Imagine!</b><br>1400 Dixon Avenue, Lafayette, CO 80026   | (303) 665-7789 |
| (5) <b>Community Connections</b><br>281 Sawyer Drive, #200, Durango, CO 81303                                | (970) 259-2464 | (15) <b>Strive</b><br>950 Grand Avenue, Grand Junction, CO 81502   | (970) 243-3702 |
| (6) <b>Community Options</b><br>336 South 10 <sup>th</sup> Street, Montrose, CO 81402                        | (970) 249-1412 | (16) <b>Mountain Valley Developmental Services</b><br>700 Mount Sopris Drive, Glenwood Springs, CO 81602 | (970) 945-2306 |
| (7) <b>Rocky Mountain Human Services</b><br>9900 East Iliff Ave., Denver, CO 80246                           | (303) 636-5600 | (17) <b>North Metro Community Services</b><br>1001 West 124 <sup>th</sup> Ave., Westminster, CO 80234    | (303) 457-1001 |
| (8) <b>Developmental Disabilities Resource Center</b><br>11177 W. 8 <sup>th</sup> Avenue, Lakewood, CO 80215 | (303) 233-3363 | (18) <b>Southeastern Developmental Services</b><br>1111 South Fourth Street, Lamar, CO 81052             | (719) 336-3244 |
| (9) <b>Starpoint</b><br>700 So. 8 <sup>th</sup> Street, Canon City, CO 81215                                 | (719) 275-1616 | (19) <b>Southern Colorado Developmental Services</b><br>1205 Congress Drive, Trinidad, CO 81082          | (719) 846-4409 |
| (10) <b>Developmental Pathways</b><br>325 Inverness Drive South, Englewood, CO 80112                         | (303) 360-6600 | (20) <b>The Resource Exchange</b><br>418 South Weber, Colorado Springs, CO 80903                         | (719) 380-1100 |

- |                      |                   |
|----------------------|-------------------|
| (2) - Alamosa        | (18) - Kiowa      |
| (17) - Adams         | (11) - Kit Carson |
| (Except Aurora)      | (16) - Lake       |
| (10) - Arapahoe      | (5) - La Plata    |
| (5) - Archuleta      | (12) - Larimer    |
| (10) - Aurora (City) | (19) - Las Animas |
| (18) - Baca          | (11) - Lincoln    |
| (1) - Bent           | (11) - Logan      |
| (14) - Boulder       | (2) - Mineral     |
| (14) - Broomfield    | (15) - Mesa       |
| (10) - Chaffee       | (13) - Moffat     |
| (11) - Cheyenne      | (5) - Montezuma   |
| (8) - Clear Creek    | (6) - Montrose    |
| (2) - Conejos        | (11) - Morgan     |
| (2) - Costilla       | (1) - Otero       |
| (1) - Crowley        | (6) - Ouray       |
| (10) - Custer        | (20) - Park       |
| (6) - Delta          | (11) - Phillips   |
| (7) - Denver         | (16) - Pitkin     |
| (5) - Dolores        | (18) - Prowers    |
| (10) - Douglas       | (4) - Pueblo      |
| (16) - Eagle         | (13) - Rio Blanco |
| (11) - Elbert        | (2) - Rio Grande  |
| (20) - El Paso       | (13) - Routt      |
| (10) - Fremont       | (2) - Saguache    |
| (16) - Garfield      | (5) - San Juan    |
| (8) - Gilpin         | (6) - San Miguel  |
| (13) - Grand         | (11) - Sedgwick   |
| (6) - Gunnison       | (8) - Summit      |
| (6) - Hinsdale       | (20) - Teller     |
| (19) - Huerfano      | (11) - Washington |
| (13) - Jackson       | (3) - Weld        |
| (8) - Jefferson      | (11) - Yuma       |

## Who to Contact About More Information

Concerning services for adults and children with developmental disabilities.

If you are interested in finding out more about any of these services, please contact the Community Centered Board in your area. The counties are listed to the left alphabetically. Match the number code below with the Community Centered Board listed above.







Division for Developmental Disabilities  
4055 So. Lowell Blvd  
Denver, CO 80236  
PHONE (303) 866-7450  
FAX (303) 866-7470

### Family Support Services Loan Fund Application

All sections must be completed. Incomplete applications will not qualify for review.

Information about the applicant(s).

(Complete number two in each section only if this is to be a joint loan)

First Name (If Joint list both applicants)		MI	Last Name	
1. Primary Applicant			1.	
2. Secondary Applicant			2.	
Social Security Number(s)-required			Driver License Number with State	
1. - - - - -			1. - - - - -	
2. - - - - -			2. - - - - -	
Date of Birth	Area Code and Telephone number		Area Code and Telephone number for messages	
1. - - - - -	( ) - - - - -		( ) - - - - -	
2. - - - - -	( ) - - - - -		( ) - - - - -	
Street Address	Apt #	City	State	County
1. - - - - -	- - -	- - - - -	- - -	- - -
2. - - - - -	- - -	- - - - -	- - -	- - -
Mailing Address (If different from street address)		City	State	Zip Code
1. - - - - -		- - - - -	- - -	- - - - -
2. - - - - -		- - - - -	- - -	- - - - -
How long at current address?	Primary Applicant: Do you:	Primary Applicant: Number of Dependents	Ages	Primary Applicant: Names and Ages of Individuals in your household who are eligible for DD services;
1. Years: 2. Years: Months: Months:	Own: Rent: Other:			Name: Age
Primary Applicant: Previous Address	Apt #	City	State	County
- - - - -	- - -	- - - - -	- - -	- - -
How long?		Zip Code		
Years: Months:		- - - - -		
Primary Applicant: List two close relatives not living with you.	Relationship	Street Address	City	State
1. - - - - -	- - -	- - - - -	- - -	- - -
2. - - - - -	- - -	- - - - -	- - -	- - -
Telephone Number				
( ) - - - - -				
( ) - - - - -				

Note: Tax returns or other proof of income may be required for loan application

Name of Current Employer (If self-employed list your business name)		Street Address	City	State	Zip Code
1. - - - - -		- - - - -	- - -	- - -	- - - - -
2. - - - - -		- - - - -	- - -	- - -	- - - - -
How Long with Current Employer	Occupation or Job Title	Telephone	Annual Gross Income from this job		
1. Years: 2. Years: Months: Months:	1. - - - - -	( ) - - - - -	\$ - - - - -		
	2. - - - - -	( ) - - - - -	\$ - - - - -		
Previous Employer	How long did you work there?	Other Monthly Income (THIS IS OPTIONAL-Furnish ONLY if you desire this income to be considered as a basis for calculating ability to repay loan:			
1. - - - - -	1. Years: 2. Years: Months: Months:	SSI/TANF/SSDI or other County, State or Federal Programs:			
2. - - - - -		TANF \$ (each month)			
		SSI \$ (each month)			
		SSDI \$ (each month)			
		Other County, State or Federal Programs \$ (each month)			
		Alimony or Maintenance \$ (each month)			
		Child Support \$ (each month)			

#### Financial References

(Amount of current loan and request for future loan cannot exceed \$8,000.00)

Do you currently have a Family Support Loan? Yes No  
What is your monthly payment? \$

If yes, what is the current balance? \$  
Have you had a bankruptcy?

Type of Debt	Lender	Phone number	Monthly payment
Rent/Mortgage			
Car Payment			
Other:			
Other:			

List ALL credit cards that have a current balance: (If additional space is needed, please attach on a separate sheet)

Name of Credit Card	Account Number	Balance	Monthly Payment

Loans will be reviewed the week of March 4<sup>th</sup>. You will be notified of the decision by April 1, 2013. Checks will be issued in May and June 2013. Questions: 303-866-7450

Purpose of Loan (Mark all that are appropriate)

1. Home adaptations		2. Construction Materials	
3. Labor (adaptations/additions, etc.)		4. Specialized transportation	
5. Adaptations to Transportation		6. Specialized Equipment/Clothing	
7. Medical/Dental Expenses		8. Other	

Explain the details. Include:	
1. The name(s) of the person(s) who will benefit from this loan: _____	
2. How will he/she benefit; _____ _____ _____ _____ _____	
3. Specify what the money will be spent for (include a list and cost of all items). Use an additional sheet of paper if necessary. In order for DDD to review the application, this section must be completed.	
Service or Support: _____ _____	Cost: _____ _____

4. As a condition of loan approval what will you provide as Proof of Purchase? _____ Initials _____	
5. Loan amount requested; (If you have an existing loan, the amount due on that loan plus the amount requested for this cannot exceed \$8,000) \$ _____	
Number of months you wish to repay the loan (from 1 to 60): _____	

Applicant(s) Statement and Signature(s):	
By Signing, I/We understand and agree that: 1) By applying for a Family Support Services Loan I/We have read all applicable information attached; 2) the information included here is accurate and can be relied upon; 3) I/We authorize the Division for Developmental Disabilities to obtain any further information which may be deemed necessary concerning my/our credit standing.	
Applicant Signature: _____	Date: _____
Co-Applicant Signature: _____	Date: _____

TO BE COMPLETED BY CCB STAFF **AFTER** APPLICANT(S) HAVE COMPLETED THE APPLICATION-  
APPLICANT MUST BE ELIGIBLE FOR FAMILY SUPPORT

Loan will not be processed without this information—

CCB: Applicant must be entered into CCMS as either waiting for FSSP or enrolled in FSSP at time of loan.

VERIFICATION OF ELIGIBILITY: Family meets eligibility for Family Support Services Program and is eligible to apply for the loan fund.

CCB Staff: _____	Name of CCB: _____
Signature: _____	Title of Staff: _____
Date: _____	Phone number: _____
Name of individual (s) Eligible for DD services: _____ Age(s) _____	