**FUNDING SOURCES NOTIFICATION**

Per Session Law 2021-180 Section 9F.12.(c), (7) requires that “each group home that receives the monthly payments authorized by this section shall submit to the Department a list of all funding sources for the operational costs of the group home for the preceding **two** years, in accordance with the schedule and format prescribed by the Department.”

Group home providers will use this form to report all funding sources. Directions are as follows:

1. Complete the demographics section.
2. Please place an ‘X” by the funding source used during the state-fiscal-years noted. If a funding source is not noted, write in the sources using the ‘other’ category.

**Demographics:**

|  |  |
| --- | --- |
| LME-MCO:  | Choose an item. |
| Provider Name: | Click or tap here to enter text. |
| Group Home Name:  | Click or tap here to enter text. |
| Group Home Site Full Address: | Click or tap here to enter text. |

**Funding Sources:**

|  |  |  |
| --- | --- | --- |
| **Funding Source**  | **SFY 2020-21** | **SFY 2021-22**  |
| Special Assistance  | [ ]  | [ ]  |
| Supplemental Security Income  | [ ]  | [ ]  |
| General Assembly Appropriated Non-Medicaid Funds (State Funded)  | [ ]  | [ ]  |
| Innovations Waiver Funding  | [ ]  | [ ]  |
| Enhanced Mental Health   | [ ]  | [ ]  |
| Private funds   | [ ]  | [ ]  |
| Third Party Insurance   | [ ]  | [ ]  |
| Medicaid Personal Care Services (PCS)  | [ ]  | [ ]  |
| Other: Click or tap here to enter text. | [ ]  | [ ]  |
| Other: Click or tap here to enter text. | [ ]  | [ ]  |
| Other: Click or tap here to enter text. | [ ]  | [ ]  |