Vaya Partners

Traumatic Brain Injury (TBI) Funding Request Form

All fields must be completed for the request to be considered. TBI funding is a funding source of last resort.

Requestor Information

Request date: _____ Name of requestor: _____

Organization (if applicable): _____ Phone: _____

Member/Recipient Information

Member/recipient name: _____ Member/recipient date of birth: _____

County of residence: _____ Vaya Partners ID # (if one): _____

Service(s) member/recipient is currently receiving:

Is the member/recipient enrolled with Vaya Partners for State-funded services?	☐ Yes ☐ No
Is medical documentation available that verifies a TBI occurred? *If yes, submit documentation with this request.*	☐ Yes ☐ No
Does the member/recipient have a person-centered plan in effect? *If yes, submit documentation with this request.*	☐ Yes ☐ No
Is there documentation from an appropriate licensed professional (e.g., physician, physician assistant, physical therapist, occupational therapist, speech therapist, psychologist, licensed clinician) showing medical necessity? *If yes, submit documentation with this request.*	☐ Yes ☐ No
Have other resources for the requested service/supply/item been explored? *Please describe in detail:*	☐ Yes ☐ No

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Service Request

	Service	Start date	End date
☐	State-funded service		
☐	Home Modification (not covered by other funding source)		
☐	Vehicle Modification (not covered by other funding source)		
☐	Assistive Technology (not covered by other funding source, including not covered as Durable Medical Equipment)		
☐	Education		
☐	Other (please define here):		

Please describe the type of, and cost breakdown for, service/supply/item requested

Total amount of funding requested: _____

Licensed professional's clinical reason for request
(attach documentation if form is not completed by licensed professional):

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I hereby attest that the information submitted is accurate to the best of my knowledge and any funding received will be used for the member/recipient and for the direct provision of the service/supply/item identified above. I hereby understand, acknowledge, and agree that Vaya Partners does not assume responsibility for any guarantee or warranty of service, supply, or item approved to be purchased, and that no refund, replacement, or reimbursement will be made by Vaya Partners for any defect or dissatisfaction with any item or service. I also understand, acknowledge, and agree that this request does not guarantee approval or availability of funding. Funding, as available, will be issued on a first-come, first-served basis. The requester and organization (if one) are responsible for obtaining price quotes for the specific service, supply, or item requested above. Timely claims for payment of a Vaya Partners-approved service, supply, or item shall be paid directly to the provider or vendor of the service, supply, or item approved. Members/recipients, or their guardians/legally responsible persons and immediate and extended family members, are prohibited from receiving any direct or indirect payments from Vaya Partners, the provider, or the vendor. Furthermore, Vaya Partners shall not reimburse a vendor for a purchase made prior to approval of funding by Vaya Partners.

Individual requesting service	Date

Send the completed form and all other relevant documents to TBIAllocation@VayaPartners.org via secure email.

Please note:

- Individual Support is a mental health service available through Medicaid and does not require a request for TBI funding.
- TBI funding is not available for NC Innovations Waiver participants.
- If the TBI occurred prior to 22, the individual may be eligible for the NC Innovations Waiver. For more information, contact Vaya Partners ACCESS Member Services at 1-888-235-4673.
- Hinds Feet Farm is a day program in Buncombe County designed specifically to support individuals with TBI. Referrals can be made directly at hindsfeetfarm.org.

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