## **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.

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	R	<b>EQUESTOR INFORMATION</b>			
Request	date:	Name of Requestor:			
Organiz	-	Phone number:			
applicat	•				
MEMBER/ RECIPIENT INFORMATION					
Membe					
-	cipient name: date of birth:				
County of residence: Vaya ID # (if one):					
Service(					
Is the m Is medic If yes, so Does the If yes, so Is there physicia psycholo If yes, so Have ot Please of	Yes No Yes No Yes No Yes No Yes No				
rieuse u					
SERVICE REQUEST				Fund data	
CHECK		Service	Start date	End date	
	State-funded I/DD or menta				
	Home Modification (not cov	vered by other funding source)			
	·	overed by other funding source)			
	Assistive Technology (not co including not covered as Du	overed by other funding source, rable Medical Equipment)			
	Education				
	Other (please define here):				

Please describe the type of, and cost breakdown for, s	ervice/supply/item requested:
Total amount of funding requested:	
Licensed professional's clinical reason for request (attalicensed professional):	ach documentation if form is not completed by
I hereby attest that the information submitted is accurate received will be used for the member/recipient and for the identified above. I hereby understand, acknowledge, and responsibility for any guarantee or warranty of service, so refund, replacement, or reimbursement will be made by item or service. I also understand, acknowledge, and agravailability of funding. Funding, as available, will be issue and organization (if one) are responsible for obtaining purequested above. Timely claims for payment of a Vaya-a to the provider or vendor of the service, supply, or item legally responsible persons and immediate and extended direct or indirect payments from Vaya, provider, or vendor a purchase made prior to approval of funding by Vayantana.	the direct provision of the service/supply/item diagree that Vaya Health does not assume supply, or item approved to be purchased, and that no Vaya Health for any defect or dissatisfaction with any ee that this request does not guarantee approval or ed on a first-come, first-served basis. The requester rice quotes for the specific service, supply, or item pproved service, supply, or item shall be paid directly approved. Members/ recipients, or their guardians/difamily members, are prohibited from receiving any for. Furthermore, Vaya shall not reimburse a vendor
Individual requesting service	 Date

## Send the completed form and all other relevant documents to

TBIAllocation@vayahealth.com 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 members.
- If the TBI occurred prior to 22, the individual may be eligible for the NC Innovations Waiver. For more information, contact Vaya Member Services at 1-800-849-6127.
- Hinds Feet Farm is a day program in Buncombe County designed specifically to support individuals with TBI. Referrals can be made directly at <a href="https://hindsfeetfarm.org/">https://hindsfeetfarm.org/</a>.