

Life Enrichment Awards Program (LEAP)

Life Enrichment Awards Program (LEAP) is intended to enrich the lives of youth and young adults with disabilities and chronic illnesses who are actively engaged in a transition process. LEAP provides goods and services directly linked to youth transition planning and implementation, such as youth development services, tools for transition and support services. These are usually not available from public service and government agencies, and not covered by Medicaid or private insurance. Funds may be used for a variety of services not considered “medically necessary.”

- Career Related Courses
- Therapeutic Equipment
- Special Transportation
- College Tuition
- Business Attire
- Career Exploration
- Computer & Equipment
- Other Transition Needs

As a life enrichment program, LEAP does not fund “life necessity” goods and services (food, clothing, medicine, direct medical services and housing). Eligible applicants must be between 14-26 years old, have a disability*, be actively engaged in a transition process, and may not have received a LEAP grant within the past three years from any LEAP partner organization.

For more information:

Contact Carolina Harp at 301.984.5777 x1262 or CarolinaH@arcmontmd.org.

Supported by a grant from The HSC Foundation.

**To be eligible for LEAP, the applicant must have one of the following: intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, Autism, traumatic brain injury, or other health-experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas—physical development, cognitive development, communication development, social or emotional development, adaptive development, or who, by reason thereof, needs special education and/or health and related services of a type or amount beyond that required by children generally.*

Life Enrichment Awards Program (LEAP) Application

Applicant's Name: _____

Date of Birth (must be 14-26 years old): _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (Home) _____ (Cell) _____

E-mail Address: _____

Name of School, Day or Employment Program: _____

Diagnosis/Disability: _____

Requested Item/Service to be Awarded: _____

Amount of Award Requested: \$ _____

Purpose of Request: _____

Name of Involved Family Member or Support Person: _____

Is the Applicant or Applicant's Family a Member of The Arc Montgomery County? _____ Yes _____ No

Is Applicant a member of Health Services for Children with Special Needs, Inc.? _____ Yes _____ No

Application Date: _____

Please complete this application entirely and attach the following documents:

- Documentation/Information that supports your request as it relates to transition.
- Proof of Disability
- Cost Estimate or Invoice
- Signed Copy of Certificate of LEAP Certificate of Acknowledgement

This completed application, plus documentation listed above, should be returned to Carolina Harp at the address below.

Please note: Recipients of a LEAP grant within the past three years from any LEAP partner organization are not eligible. The Arc Montgomery County is committed to protecting consumers' personal information and follows federal government standards with regard to HIPAA and other sensitive and confidential information.

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