

Brentwood Adult Home EQUAL 2024-2025 Spending Plan Signature

From: health.sm.ltcrenentialsupport.equal (ltcrenentialsupport.equal@health.ny.gov)

To: mapleresthome@verizon.net

Date: Thursday, January 16, 2025 at 04:31 PM EST

Good Afternoon,

The proposed spending plan submitted did not include Residential Counsel Representative signature or a completed Resident Petition in Support. This was a requirement prior to submission. Please ensure proper sign-off and submission within three (3) calendar days. Failure to do so will deem your proposed spending plan as not properly submitted by the deadline and, therefore, ineligible for funding.

Sincerely,

EQUAL Program

Bureau of Administrative Services
Division of Residential Support
Center for Residential Surveillance
Office of Aging & Long-Term Care

New York State Department of Health

875 Central Avenue
Albany, NY 12206
(518) 408-1133
equal@health.ny.gov
www.health.ny.gov



Brentwood Adult Home EQUAL 2024-2025 Spending Plan.pdf
1.4MB



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

December 3, 2024

Sent via email/Certified Mail:

Brentwood Adult Home
147 Second Avenue
Brentwood, New York 11717
mapleresthome@verizon.net

Re: 2024-25 EQUAL Intent to Award

Dear Administrator/Operator:

The New York State Department of Health ("Department") is pleased to notify you of the intent to award Brentwood Adult Home in response to your 2024-25 EQUAL Program application. Please note, this is not confirmation of an award; to receive your funding, you must complete and submit a proposed Spending Plan by **January 10, 2025**. Upon receipt, your proposed Spending Plan will be reviewed and upon approval, a formal funding notice will be issued.

Please review with your eligible residents the anticipated award outlined below to identify how to utilize the full award value. Upon completion, please submit Attachment 1: EQUAL 2024-25 Proposed Spending Plan with either Resident Council Representative Approval or, in the event your facility does not have a formalized Resident Council, Resident Petition in Support (enclosed for ease of reference).

The anticipated award will be funded as follows:

Capital Improvement Projects: \$30,719.50
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.

Local Assistance Projects: \$30,719.50
These funds are used to support improvements to the quality of life for adult care facility residents by funding projects including clothing allowances, resident training to support independent living skills, improvements in food quality, outdoor leisure projects, and cultural, recreational, and other leisure events.

EQUAL 2024-2025 Proposed Spending Plan

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Summary Budget

This form must be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified and explanation of how costs were determined. *Additional pages may be added but must all conform to this format and include the Resident Council Representative Approval or Resident Petition in Support.*

Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
UPGRADE CAMERA SECURITY SYSTEM	10,000	
REDO 2 ND FLOOR BATHROOM	8500	
NEW MATRESS	5200	
NEW A/C	2500	
PAINTING COMMON AREA	4500	
Total Requested Per Funding Source	30700	
Total Funding Requested	30719 ⁵⁰	

○ **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, CHERYL FRANK (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for BRENTWOOD ADULT HOME (name of facility), 700 F-013 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

○ **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ (name of facility), _____ (operating certificate #). We have reviewed the Proposed EQUAL 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: _____
 Resident Name: _____
 Resident Name: _____

X Cheryl Frank
 Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED
 2024-2025 EQUAL

Digitally signed by
 APPROVED 2024-2025 EQUAL
 Date: 2025.02.19 11:25:23
 -05'00'

EQUAL 2024-2025 Proposed Spending Plan

Summary Budget

This form must be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified and explanation of how costs were determined. Additional pages may be added but must all conform to this format and include the Resident Council Representative Approval or Resident Petition in Support.

Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
CLOTHING FOR RESIDENCES		6500
COMFORTERS & BEDDING		3500
TV. FOR RESIDENCE ROOMS		3500-
WATER COOLER		2000 -
UPGRADING MEALS		3000 -
HOLIDAY BBQ & PARTIES		5000 -
SNACKS & REFRESHMENTS		7220 -
Total Requested Per Funding Source		30719.⁵⁰
Total Funding Requested		30719.⁵⁰

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, CHERYL FRANK (name of representative), have reviewed the Proposed EQUAL 2024-2025 Spending Plan for BREWWOOD ADULT HOME (name of facility), 700-F-013 (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

X Cheryl Frank

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ (name of facility), _____ (operating certificate #). We have reviewed the Proposed EQUAL 2024-2025 Spending Plan and agree that the proposed use of funds is consistent with our priorities.

Resident Name: _____
 Resident Name: _____
 Resident Name: _____

Resident Signature: _____
 Resident Signature: _____
 Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)

APPROVED

2024-2025 EQUAL

Digitally signed by APPROVED
 2024-2025 EQUAL
 Date: 2025.02.19 11:27:55
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