A Twist on the Sponsored Residential Model Mike Gillies michaellgillies@gmail.com

Our son, Rogan, is moderately intellectually disabled, as well as physically challenged. Also, he does not speak. For these and other reasons, we decided to go with a twist on the traditional Sponsored Residential Model. Please note these points are only my observations and do not reflect any other person’s or organization’s input.

Typical Sponsored Residential Model (sometimes called Adult Foster Care)

1. In the typical sponsored residential model, the disabled adult moves in with a caregiver. The caregiver owns or rents the home.
2. Caregiver(s) could be a person, a couple, or family. While the caregiver may have assistance, there usually is not a rotating staff.
3. The sponsored residential model often limits the number of disabled adults one caregiver can accept (normally two).
4. This model mayoffer more concentrated care for the disabled adult.
5. Caregiver is often paid through a state approved Medicaid services provider.
6. A Medicaid services agency usually oversees the quality of care provided, including safety of the home.
7. Caregivers usually (should) have extensive training in care providing, first aid, CPR and related care issues.
8. With advances in technology, almost any level of care can be met in this model.
9. Hopefully, the disabled adult is fully integrated in a caregiver/family situation where the disabled adult participates in multiple normal activities such as going to a caregiver’s child baseball game.
10. If the caregiver decides to stop providing care, or cannot/will not make modifications to the care plan or home to accommodate changes, the disabled adult has to move to another care arrangement.

A Twist on the Typical Sponsored Residential Model

All the above applies to our model, with the exception of item K. That singular point is the reason we adapted the Sponsored Residential Model to meet our son’s needs.

1. The only real “twist” is that we purchased the home and the caregiver and her family moved into the home before Rogan moved there.
2. If caregiver decides to quit providing care, the caregiver moves out. Rogan has to adapt to one major change versus moving to a new home in what could possibly be a totally new environment in a different locale, thus losing all continuity in many areas of his life.
3. The home can be adapted to meet Rogan’s changing care requirements.
4. Rogan is more active than ever as the caregiver’s family participates in multiple activities where Rogan is involved.

If investigating this path, please ask about the Fannie Mae mortgage exception where parents or guardians may purchase a home for their disabled adult child or elderly parents. The Virginia Housing Development Agency ([www.vhda.com](http://www.vhda.com)) also offers a mortgage program for purchasing homes for the disabled adult.