

Sample Respite Request

Developmental Disabilities Administration

Low Intensity Support Services (LISS) Request Form

APPLICANT INFORMATION

Last Name: Smith	First: John	Middle: N	Marital Status (circle one) Single Married Div Sep Widow	
Address: 310 Old Freeland Road	City: Freeland County: Baltimore	State: MD	Zip Code: 21053	Sex: M / F
Cell Phone #	Day/Work # 877-282-8202	Home #		
Email Address: (If applicable) LISS @ penn-mar.org				
Social Security #: 000-00-0000	Date of Birth: 00/00/00	Age: 0		
Medical Assistance #: 1234567 If none, date of application (For applicant over the age of 18):				

Demographic Information - (for internal use only - does not apply to eligibility)

Individual's Annual Income (optional):	Household Annual Income (optional):
Primary Disability: Autism	Race (circle one): Black/African American White/Caucasian Asian Hispanic Other American Indian/Alaska Native American Pacific

What is the relationship of the person completing this form to the applicant? Self Parent
 Spouse Guardian Resource/Service Coordinator School Counselor Other :

If not "self", please note name of person completing this form: **Jane Smith** Phone #: **877-555-1111**

Please check all programs and services the applicant is currently receiving services or resources from:

DDA: <input checked="" type="checkbox"/> Resource/Service Coordination <input type="checkbox"/> Day/Supported Employment <input type="checkbox"/> CSLA <input type="checkbox"/> Supports <input type="checkbox"/> Community Pathways or New Directions	MA Waivers: <input type="checkbox"/> Autism <input type="checkbox"/> Model <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Living at Home <input type="checkbox"/> Older Adults <input type="checkbox"/> Medical Day Care <input type="checkbox"/> RTC (Residential Treatment Center)
OTHERS: <input type="checkbox"/> Special Education <input type="checkbox"/> Division of Rehabilitation Services (DORS) <input type="checkbox"/> Food Bank <input type="checkbox"/> Transportation	<input type="checkbox"/> REM (Rare & Expensive Case Management) <input type="checkbox"/> MA Personal Care <input type="checkbox"/> In-Home Aid Services (DSS) <input type="checkbox"/> Attendant Care Program <input type="checkbox"/> Social Services <input type="checkbox"/> Energy Assistance (MEAP) <input type="checkbox"/> Housing <input type="checkbox"/> Other:

Resource/Service Coordinator/Case Manager Name: Janet Johns, case manager	Phone #: 301-555-1111
Address: 123 Street City MD 21111	Email: jjohns@email.com

SERVICE/ITEM REQUEST

Eligible Support/ Activity/ Item	Name, Address & Telephone # of Provider of Support/Activity/Item (To whom the payment is made)	Cost of Support/ Activity/ Item	Dates of Support/ Activity	Documentation of cost (This must be included)	FOR RESPITE REQUEST ONLY
					<input checked="" type="checkbox"/> NAME OF PROVIDER <input checked="" type="checkbox"/> DAILY RATE <input checked="" type="checkbox"/> AMOUNT OF DAYS
EXAMPLE: -Summer Camp	ABC CAMP 123 Any Way Anywhere, MD 12345 410-222-2222	\$660.00	June 20 - August 25	YES	
1. Respite	Jane Doe 123 main st. Baltimore MD 21211	\$ 1,000.00			Jane Doe \$ 25 a day 40 days
2.	410-777-7777				
3.					

Where else has funding been sought and the status? (i.e. application pending, denied, or the amount funded)

1. The Arc	No funding available
2. Abilities Network	Pending request
3.	
Applicant's Contribution (if any):	

APPLICANTS ARE REQUIRED TO SUBMIT APPROPRIATE DOCUMENTATION INCLUDING A COPY OF THE SOCIAL SECURITY CARD, PROOF OF RESIDENCY, AND PROOF OF DEVELOPMENTAL DISABILITY IN ORDER FOR ELIGIBILITY TO BE CONSIDERED.

Applicant Declaration

By signing this application, I hereby attest that the information provided to process the Low Intensity Support Services (LISS) funding request is accurate to the best of my knowledge. I understand LISS funding is not an entitlement program, and receipt of LISS funds is on a first come, first serve basis. LISS funding is contingent upon DDA's LISS eligibility criteria, verification of the above information, and funding availability.

Signature of Applicant: Jane Smith Date: July 1, 2011
 Name (Print): Jane Smith

Person designated to receive correspondence: Jane Smith Date: July 1, 2011
 Name (Print): Jane Smith