

Developmental Disabilities Administration Low Intensity Support Services (LISS) Request Form

| APPLICANT INFORMATION | | | | |
|---|--|---|--------------------------|--|
| Last Name: Doe | | First: Jane | Middle: Sue | Marital Status (circle one) <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Div <input type="radio"/> Sep <input type="radio"/> Widow |
| Address: 123 Main Street | | City: Baltimore | State: Maryland | Zip Code: 12345 Home Phone #: 987-654-1234 |
| Social Security #: 123-45-6789 | | Date of Birth: 01 / 10 / 1990 | Age: 20 | Sex: <input type="radio"/> Male <input checked="" type="radio"/> Female |
| Demographic Information - (for internal use only - does not apply to eligibility) | | | | |
| Individual's Annual Income (optional): N/A | | Household Annual Income (optional): \$50,000 | | |
| Primary Disability: Downs Syndrome | | Race (circle one): <input checked="" type="radio"/> Black/African American <input type="radio"/> White/Caucasian <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> Other <input type="radio"/> American Indian/Alaska Native <input type="radio"/> American Pacific | | |
| What is the relationship of the person completing this form to the applicant? <input type="radio"/> Self <input checked="" type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Guardian <input type="radio"/> Resource/Service Coordinator <input type="radio"/> School Counselor <input type="radio"/> Other : | | | | |
| If not "self", please note name of person completing this form: John Doe | | | Phone #: 987-654-1234 | |
| 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"/> Residential <input type="checkbox"/> CSLA <input type="checkbox"/> Supports <input type="checkbox"/> MA Waivers: Autism <input type="checkbox"/> REM (Rare & Expensive Case Management) <input type="checkbox"/> Model <input type="checkbox"/> Living at Home <input type="checkbox"/> Traumatic Brain Injury <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> In-Home Aid Service (IHAS) <input type="checkbox"/> Attendant Care Program <input type="checkbox"/> MAPC <input type="checkbox"/> Older Adults Waiver <input type="checkbox"/> Division of Rehabilitative Services (DORS) <input type="checkbox"/> Social Services <input type="checkbox"/> Energy Assistance (MEAP) <input type="checkbox"/> Food Bank <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Medical Assistance/Medicaid <input type="checkbox"/> Other: | | | | |
| Resource/Service Coordinator/Case Manager Name: N/A | | | Phone #: Email: | |
| Note: Applicants are required to submit appropriate documentation including a copy of their social security card, proof of Maryland residency, and proof of disability in order for eligibility to be considered. | | | | |
| Service/Item Request | | | | |
| Please note the service or item request and description or details (if applicable): Respite | | | | |
| Service/Item Cost: 15 days @ \$60/day = \$900.00 | | Applicant Contribution (if applicable): \$120.00 | | |
| Resource/Service Request have been made to (if applicable) and Status (i.e. application pending, denied, funded amount) | | | | |
| Department of Health | | Funded 12 hours of respite on 7/15/10 | | |
| 2 Maggie's Light | | No Funding as of 10/1/10 | | |
| 3 Arc of Baltimore | | Do not qualify | | |
| Service Vendor Name (if known): Susan Stine | | | | |
| Address: 25 N. Broadway | | City: Baltimore | State: Maryland | Zip Code: 21212 Phone #: 410-333-4444 |
| 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 that LISS funding is not an entitlement program and receipt of LISS funding is on a first-come, first served basis and is contingent upon DDA's LISS eligibility criteria, verification of the above information, and funding availability. | | | | |
| Signature: <i>John Doe</i> | | | Date: | |
| Name (print): John Doe | | | 10/15/2010 | |
| Form Effective 4/1/2010 | | | | |