Developmental Disabilities Administration (DDA)
Low Intensity Support Services (LISS) Program
Random Selection Application

Applicant Information		
**First Name:	**Middle Name:	**Last Name:
**Date of Birth:	**Social Security Number:	**Medical Assistance Number:
**Street Address:	**City:	**State:
**Zip Code	**County:	**Telephone Numbers (Home):
**Telephone (Cell):	**E-mail Address:	

Applicant Representative Information: Parent, Legal Guardian, CCS or Case Worker fills out this section.		
**Name:	**Relationship to applicant:	**Telephone Number &/or Email Address:

Applicant Declaration of Intent-Please read before signing

By signing this request form, I understand I am requesting to participate in a random selection of applicants identified through documentation as having an eligible diagnosis. I am a resident of the state of Maryland requesting funding for an eligible service as noted on the LISS website at http://dda.dhmh.maryland.gov/SitePages/liss.aspx. I hereby attest that the information provided on this form is accurate to the best of my knowledge. I understand funding through LISS is not an entitlement and, if selected through the random selection process, I will be required to provide documentation verifying my identity, disability, residency, and an identified eligible service/item delivered or provided by an eligible vendor. I also understand that a representative of the LISS agency serving my county will contact me and assist with the LISS process.

**Print Name of LISS Applicant or Representative, if applicant is under 18 years of age: _____

**Date:_____

Revised March 2019
Revised April 28, 2020