

**Developmental Disabilities Administration  
Low Intensity Support Services (LISS) Program, Services and Eligibility Application**

**APPLICANT INFORMATION** *(The applicant is the individual with a disability)*

<b>Last Name:</b> DAVIS	<b>First Name:</b> Mary	<b>Middle Name:</b> Jane
<b>Mailing Address:</b> 123 North Main Street, Bel Air, MD 21015		
<b>Social Security #:</b> 123-45-6789	<b>Date of Birth:</b> 6/28/2004	<b>Telephone #:</b> 555.444.3333

**SERVICE INFORMATION-Please do not write "see attached". This section must be completed.**

1. Service/Item Request	2. Name & Address of Vendor/Service Provider	3. Licensed Professional's Name & License # (for licensed service providers)	4. Telephone # of Vendor/Service Provider	5. Total Amount Requested for Service/Item	6. Date(s) of Service (Between July 1, and June 30) Except for Camps thru Aug. 31st	7. Daily/Hourly Rate Amount of days/hours (For respite and supports)
Respite	The Respite Place 123 Peaceful Way Baltimore, MD 21239	#12-34567	410.521.6321	\$500	9/5/2020- 9/15/2020	\$100/Day

**Reason for the above service/item:** My Daughter requires 24/7 care. She needs assistance with all tasks and doesn't sleep at night. She needs a break from me and I need a break to rejuvenate

Therapeutic Horseback Riding	Healing Farms 872 Meadow RD Phoenix, MD 21131	Suzie Mare #001289	555.321.7896	\$400	9/1/2020- 9/30/2020	\$50/lesson
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**Reason for the above service/item:** My Daughter has CP. Therapeutic riding helps her with her posture and muscle tone. And, she loves it!

Ramp	FIX IT, Inc 567 Hammer RD Baltimore, MD 21239	Dave Vice MHIC # 010568	443-123-4567	\$800	9/20/2020	
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**Reason for the above service/item:** My daughter uses a wheelchair. We have 5 steps leading into our home. I can no longer get her in and out of the house safely

**APPLICANT DECLARATION**

By signing this application, I hereby attest that the information provided is accurate to the best of my knowledge. I understand LISS funding is not an entitlement program. Receipt of LISS funding is contingent upon DDA's LISS eligibility criteria for the applicant, the service/item, and/or the provider verification of the above information. If you are an authorized representative or completing the request for a child, please sign your name for the applicant.

( X ) I acknowledge that I have received and read the Low Intensity Support Services – Applicant and Family Guide.

Signature of Applicant: _____	Date: _____
Signature of Parent/Guardian: <u>Ms. Christine Davis</u>	Date: _____
<i>(if applicant is under 18)</i>	
Name (Print): <u>Christine Davis</u>	
Person designated to receive correspondence (Optional):	
Name: <u>Christine Davis</u>	Telephone/Email: <u>cdavis@gmail.com</u>
Address: <u>123 N. Main St.</u> City: <u>Bel Air</u>	State: <u>MD</u> Zip Code: <u>21015</u>