

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

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

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Mailing Address:</b>		
<b>Social Security #:</b>	<b>Date of Birth:</b>	<b>Telephone #:</b>

**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 (Dates must be within the current fiscal year)	7. Daily/Hourly Rate Amount of days/hours

**Reason for the above service/item**  
Place reason here

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**Reason for the above service/item**  
Place reason here

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**Reason for the above service/item**  
Place reason here

**Please Read Before Signing**

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. **Please check off (  ) I acknowledge that I have received and read the Low Intensity Support Services-FY 2024 Applicant and Family Guide.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/ Legal Guardian (if applicant is under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person designated to receive letters, emails and phone calls. Print Name:** \_\_\_\_\_ **Telephone/Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_