

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)

| | | |
|---------------------------|-----------------------|---------------------|
| First Name: | Middle Name: | Last Name: |
| Mailing Address: | | |
| Social Security #: | Date of Birth: | Telephone #: |

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 |
|-------------------------|--|---|---|--|--|---|
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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

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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 2026 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:** _____

Please Select One. I wish to receive correspondence by:

Email Only:

☐

Mail Only:

☐

Both Email and Mail:

☐