

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: (Address, City, State and Zip Code)		
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
Reason for the above service/item Place reason here				Reimbursement LISS Pay Vendor/Purchase		
Reason for the above service/item Place reason here				Reimbursement LISS Pay Vendor/Purchase		
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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

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:** _____ **E-Mail:** _____

Address (if different than above): _____ **Phone Number:** _____

Please Select One. I wish to receive correspondence by:

Email Only	Mail Only	Both Email and Mail
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