

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		
Reason for the above service/item Place reason here				☐ Reimbursement ☐ LISS Pay Vendor/Purchase		
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 Guide to LISS Fiscal Year 2027						

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