

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: Susan

Middle Name: B.

Last Name: Miller

Mailing Address: 310 Old Freeland Rd, Freeland, MD 21053
(Address, City, State and Zip Code)

Social Security #: 123-45-6789

Date of Birth: 08/01/2014

Telephone #: 887-282-8202

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
Respite	Carol Smith 123 Assist Ln Baltimore, MD 21202	N/A	443-555-1212	\$300.00	7/1/26- 6/30/27	\$15.00/hour 20 hours

Reason for the above service/item

☐ Reimbursement ☒ LISS Pay Vendor/Purchase

Place reason here I am a full time working parent and at times I need a break for myself. This will allow me time to run errands and go to appointments with peace of mind knowing Susan will be well cared for.

Assistive
Technology iPad

Apple online

N/A

N/A

\$528.94

N/A

N/A

Reason for the above service/item

☐ Reimbursement ☒ LISS Pay Vendor/Purchase

Place reason here Susan is non-verbal and this tablet will help her communicate with us and in the community.

Speech Therapy

ABC Speech Therapy
111 East Apple Way
Baltimore, MD 21202

Sarah King
SLP 01234

410-555-1212

\$250.00

7/1/26-
6/30/27

\$25 Co-Pay
Per Visit

Reason for the above service/item

☒ Reimbursement ☐ LISS Pay Vendor/Purchase

Place reason here Susan goes to speech therapy twice a week and we pay a \$25 co-pay per visit.

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): Angela Miller

Date: 10/1/26

Person designated to receive letters, emails and phone calls. Print Name: Angela Miller

E-Mail: amiller@gmail.com

Address (if different than above): _____

Phone Number: 887-282-8202

Please Select One. I wish to receive correspondence by: ☒ Email Only ☐ Mail Only ☐ Both Email and Mail