

Developmental Disabilities Administration

Low Intensity Support Services (LISS) Request Form

APPLICANT INFORMATION

| | | | | |
|--------------------|--------------------|---------|---|--|
| Last Name: | First: | Middle: | Marital Status (circle one) Single Married Div Sep Widow | |
| Address: | City: | State: | Zip Code: | Home Phone #: |
| Social Security #: | Date of Birth: / / | | Age: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |

Demographic Information - (for internal use only - does not apply to eligibility)

| | |
|---|---|
| Individual's Annual Income (optional): | Household Annual Income (optional): |
| Primary Disability: | Race(circle one): Black/African American White/Caucasian Asian Hispanic Other American Indian/Alaska Native American Pacific |
| What is the relationship of the person completing this form to the applicant? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Resource/Service Coordinator <input type="checkbox"/> School Counselor <input type="checkbox"/> Other : _____ | |
| If not "self", please note name of person completing this form: _____ Phone #: _____ | |

Please check all programs and services the applicant is currently receiving services or resources from:

DDA Resource/Service Coordination Day/Supported Employment Residential CSLA Supports
 MA Waivers: Autism REM(Rare & Expensive Case Management) Model Living at Home Traumatic Brain Injury
 Special Education In-Home Aid Service (IHAS) Attendant Care Program MAPC Older Adults Waiver
 Division of Rehabilitative Services (DORS) Social Services Energy Assistance (MEAP) Food Bank
 Housing Transportation Medical Assistance/Medicaid Other: _____

| | |
|---|----------|
| Resource/Service Coordinator/Case Manager Name: | Phone #: |
| | Email: |

Note: Applicants are required to submit appropriate documentation including a copy of their social security card, proof of Maryland residency, and proof of disability in order for eligibility to be considered.

Service/Item Request

Please note the service or item request and description or details (if applicable):

| | |
|---|---|
| Service/Item Cost: | Applicant Contribution (if applicable): |
| Resource/Service Request have been made to (if applicable) and Status (i.e. application pending, denied, funded amount) | |
| 1 | |
| 2 | |
| 3 | |

Service Vendor Name (if known:)

| | | | | |
|----------|-------|--------|-----------|----------|
| Address: | City: | State: | Zip Code: | Phone #: |
|----------|-------|--------|-----------|----------|

Applicant Declaration

By signing this application, I hereby attest that the information provided to process the Low Intensity Support Services (LISS) funding request is accurate to the best of my knowledge. I understand that LISS funding is not an entitlement program and receipt of LISS funding is on a first-come, first served basis and is contingent upon DDA's LISS eligibility criteria, verification of the above information, and funding availability.

| | |
|---------------|-------|
| Signature: | Date: |
| Name (print): | |