

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
Individual's Annual Income:		Household Annual Income:		
Primary Disability:		Race(circle one): Black/African American White/Caucasian Asian American Indian/Alaska Native American Pacific Islander/Native Hawaiian		
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
 Autism Waiver 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):
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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 #:
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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 receipt of LISS funding is one-time only (OTO) and is contingent upon DDA's LISS eligibility criteria, verification of the above information, and funding availability.

Signature:	Date:
Name (print):	