

# 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 #:
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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 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):	