

IDD Waitlist Support Grant Application

Applicant Name: _____

Date of birth: _____

Address: _____

Phone Number: _____

Date placed on Title XIX Wait List: _____

Please do not submit this application until these services have been pursued:

Does applicant (if over 18 years of age) qualify for aged and Disabled Waiver? Yes No

If yes:

Has the application been submitted for Aged and Disabled Waiver? Yes No

Is applicant on the Aged and Disabled Waiver? Yes No

Is applicant receiving Aged and Disabled Waiver? Yes No

Does applicant qualify for Personal Care Services (State Plan)? Yes No

If yes:

Has application been submitted for Personal Care? Yes No

For Facility Day Habilitation/ Supported Employed has application

Been submitted to DRS for supported employment? Yes No

What Support Grant Services are you applying for?

Service Option 1 Day Services Yes No

Option 1A Supported Employment Yes No

Option 1B Prevocational Services Yes No

Option 1C Facility Day Habilitation Services Yes No

Service Option 2: Respite Services Yes No

Service Option 3: Behavior Support Professional (plan): Yes No

Service Option 4: Environmental Accessibility Adaptations: Yes No

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Provider Agency Name: _____

Contact Person: _____

Provider Address: _____

Phone: _____

Fax: _____

Email: _____

****Attach a copy of the INDIVIDUAL SUPPORT PLAN identifying the support/services and proposed outcome(s). The ISP must include the types of services to be provided, the amount of each service that is being requested and the provider of each service. If the provider of service is different than the Service Coordination Agency, a representative of the other agency (ies) must sign the Individual Support Plan. ****