

**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)**

|                           |                       |                     |
|---------------------------|-----------------------|---------------------|
| <b>First Name:</b>        | <b>Middle Name:</b>   | <b>Last Name:</b>   |
| <b>Mailing Address:</b>   |                       |                     |
| <b>Social Security #:</b> | <b>Date of Birth:</b> | <b>Telephone #:</b> |

**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 #<br><small>(for licensed service providers)</small> | 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 |
|-------------------------|--|--|---|--|--|---|
|                         |  |  |   |  |  |   |

**Reason for the above service/item**  
Place reason here

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**Reason for the above service/item**  
Place reason here

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**Reason for the above service/item**  
Place reason here

**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 2022 Applicant and Family Guide.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/ Legal Guardian (if applicant is under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person designated to receive letters, emails and phone calls. Print Name:** \_\_\_\_\_ **Telephone/Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_