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)

First Name:	**Middle Name:**	**Last Name:**
Mailing Address:		
Social Security #:	**Date of Birth:**	**Telephone #:**

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 #** (for licensed service providers)	**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						
Reason for the above service/item Place reason here						
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 2027 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:** _____

Please Select One. I wish to receive correspondence by: Email Only: ☐ Mail Only: ☐ Both Email and Mail: ☐