**DEVELOPMENTAL DISABILITIES SERVICES**

**REQUEST FOR FUNDING FOR HOME AND COMMUNITY-BASED SERVICES**

*(updated 10/01/21)*

**General Information**

Date of Request:

Individual’s Name:

Date of Birth:

Designated Agency:

Specialized Service Agency:

Contact Person:

Requested Start Date of Services:

**Eligibility:** (choose one)

Intellectual Disability

Pervasive Developmental Disorder/Autism Spectrum Disorder

Both (ID and ASD)

**New or Existing Applicant:** (choose all that apply)

New applicant: did not receive home & community-based services in the past 12 months

Existing applicant: has received home & community-based services in the past 12 months

Check here if individual was funded with home & community-based services in the past 12 months

**Department for Children & Families Custody Status:** (choose all that apply)

Aging out of DCF custody (attach current DCF budget)

Previously in DCF custody

Currently in DCF Custody

Never in DCF custody

**School Status for Children & Young Adults:** (choose one)

Still in school

Graduating High School with employment

Graduating High School without employment

Other: (please explain)

**Children’s Personal Care Services**: (choose one)

Aging Out

Number of Hours      

USP – Current Existing

N/A

Name:

**State System of Care Plan Funding Priorities (choose all that apply):**

**1. Health and Safety:** Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual’s personal health or safety. (Priority is for adults age 18 and over)

a. “Imminent” is defined as presently occurring or expected to occur within 45 days.

b. “Risk to the individual’s personal health and safety” means an individual has substantial needs in one or more areas that without paid supports put the individual at serious risk of danger, injury or harm (as determined through the needs assessment).

**2. Public Safety:** Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others (Priority is for adults age 18 and over). To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria (See pages 33-35 of System of Care Plan)

**3. Preventing Institutionalization** **– Nursing Facilities:** Ongoing, direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). Services are legally mandated. (Priority is for children and adults).

**4. Preventing Institutionalization – Psychiatric Hospitals and ICF/DD:** Ongoing, direct supports and/or supervision needed to prevent or end long term stays in inpatient public or private psychiatric hospitals or end institutionalization in and ICF/DD. (Priority for children and adults)

**5. Employment for High School Graduates:** Ongoing, direct supports and/or supervision needed for a youth/young adult to maintain employment. (Priority for adults age 18 through age 26 who have exited high school)

**6. Parenting:** Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting. (Priority is for adults age 18 and over)

Name:

**Needs Assessment Summary - Factors are not additive**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of Support Required:** | **None** | **Minimal** | **Moderate** | **Significant** |
| Communication |  |  |  |  |
| Self-Care |  |  |  |  |
| Continence |  |  |  |  |
| Independent Living Skills |  |  |  |  |
| Health/Medical |  |  |  |  |
| Mobility |  |  |  |  |
| Wandering |  |  |  |  |
| Sleep Disturbance |  |  |  |  |
| Criminal Behavior |  |  |  |  |
| Other Behavior Challenges |  |  |  |  |

**Applicant Mental Health Diagnosis** (choose all that apply):

Agoraphobia   Bipolar Disorder  Borderline Personality Disorder (severe)

Delusional Disorder  Major Depressive Disorder  Obsessive-Compulsive Disorder (severe)

Psychotic Disorder  Schizoaffective Disorder  Reactive Attachment Disorder

PTSD  Anxiety  Schizophrenia   Substance Abuse

Other (specify)

**Unpaid Caregiver factors**: (choose all that apply)

Caregiver unable to work without support  Death of caregiver

Mental/physical issues  Aging caregiver

**Resources Explored to Meet Needs:** (Please indicate below which services and/or resources

have been explored)

Children & Family Services (DCF)  Education/School  Corrections

Planned Parenthood  Employment & Training (DET)  Economic Services

Social Security  Home Health/VHA/PNS  MH-Adult

Children’s Personal Care  Housing Subsidy  MH-Children’s

High Technology Services  Work Stipend  Flexible Family Funding/Bridge

Vocational Rehabilitation  Choices for Care Waiver  Refugee Resettlement

Natural Supports  Other (describe)  Adoption Subsidy

**Results:** (Explain why above does not meet the need or are inadequate, comment on all checked)

Name:

**Narrative Description:**

1) Brief description of the individual, his/her current unmet support needs, and how they meet the System of Care Plan priorities.

2) Describe the proposed services and how the proposed services will be utilized to support the unmet needs.

3) Expected outcomes of services – (may be broad or specific)

4) For existing consumers, describe what changes are proposed to be made to existing services, and if no changes are proposed, why not?

Name:        Public Safety

Designated Agency: SSA:

**Recommendation by Local Funding Committee**

Denied  Approved Recommended: $

Comments/Changes:

Local Funding Committee Signature:       Date:

**Recommendation by Equity Committee/Public Safety Committee:**

Denied  Approved Recommended: $

Comments/Changes:

Equity/Public Safety Committee Signature:       Date:

**Decision by Department:**

Effective Date:        Continuation Date:       Reconsideration:

Recommended: $

Comments/Changes:

Authorized Signature:       Date: