

**Developmental Disabilities Administration
Low Intensity Support Services (LISS)
Request Form**

**For LISS Purposes only
DATE STAMP:**

SECTION 1	PROGRAM INFORMATION																										
<p>1. LISS are grants up to \$2000 to assist families in providing for the needs of a child or an adult with a developmental disability living in the home, or support an adult with developmental disabilities living in the community.</p> <p>2. Applicants must submit the required documentation including a copy of their Social Security card, proof of developmental disability, and proof of residency for eligibility consideration.</p> <p>3. Eligible services and items include but are not limited to following:</p> <table border="0"> <tr> <td>ADA compliant household appliances</td> <td>Camps</td> <td>Housing Assistance</td> <td>Specialized Equipment</td> </tr> <tr> <td>Adaptive Clothing</td> <td>Childcare</td> <td>Personal Care</td> <td>Therapies</td> </tr> <tr> <td>Adaptive Equipment</td> <td>Conference admission</td> <td>Recreation</td> <td>Transportation costs</td> </tr> <tr> <td>Adaptive Furniture</td> <td>Health insurance co-pays, deductibles, co-insurance</td> <td>Recreational Memberships</td> <td>Vehicle Modifications</td> </tr> <tr> <td>Advocacy Training</td> <td>Health Services & Items</td> <td>Respite</td> <td></td> </tr> <tr> <td>Assistive Technology</td> <td>Housing Adaptations/Accessible Housing</td> <td>Sensory items & Services</td> <td></td> </tr> </table> <p>4. LISS request can be submitted July 1 through July 31 and January 1 through January 31 of each year.</p> <p>5. Applicants must submit their request to the LISS provider serving their particular county. Please see the DDA/LISS website for provider information: http://dda.dhmh.maryland.gov/SitePages/liss.aspx.</p>				ADA compliant household appliances	Camps	Housing Assistance	Specialized Equipment	Adaptive Clothing	Childcare	Personal Care	Therapies	Adaptive Equipment	Conference admission	Recreation	Transportation costs	Adaptive Furniture	Health insurance co-pays, deductibles, co-insurance	Recreational Memberships	Vehicle Modifications	Advocacy Training	Health Services & Items	Respite		Assistive Technology	Housing Adaptations/Accessible Housing	Sensory items & Services	
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SECTION 2	APPLICANT INFORMATION		
Last Name:	First:	Middle	
Street Address:	City:	E-mail address:	Sex: M / F
	County:	Zip Code:	Date of Birth:
Telephone Number	Social Security Number:	Medical Assistance Number:	
		If no MA number, please list date of application (<i>Required for applicants age 18 and over</i>):	

SECTION 3 REQUEST INFORMATION					
Service/Item Request	Name & Address of Vendor/Service Provider	Telephone # of Vendor/Service Provider	Cost of Service/Item	Date(s) of Service (if applicable)	Daily/Hourly Rate Amount of days/hours (if applicable)

SECTION 4 APPLICANT CHECKLIST

Before mailing your request, please use this checklist as a guide to help you gather the information that should be included.

- A copy of the applicant's social security card** - Please ensure the number is readable.
- Proof of address** - Examples include a current household utility statement, copy of current Individualized Education Program or Individual Plan, or current state issued photo ID.
- Proof of developmental disability** – Examples include a letter from licensed professional, DHMH letter, or a current IEP that clearly states a diagnosis.
- Estimate or Invoice**- Please ensure a copy of an estimate or invoice is readable.

SECTION 5 APPLICANT DECLARATION

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, and the random selection process. If you are an authorized representative or completing the request for a child, please sign your name for the applicant.

Signature of Applicant: _____ Date: _____

Name (**Print**): _____

Person designated to receive correspondence (Optional):

Name: _____ Telephone/Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____