

**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> Susie	<b>Middle Name:</b> Jane	<b>Last Name:</b> Sample
<b>Mailing Address:</b> 123 Main Street, Anytown, MD 12345		
<b>Social Security #:</b> 123-45-6789	<b>Date of Birth:</b> 01/02/2020	<b>Telephone #:</b> 410-232- 3223

**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
Respite	John James 123 First Street Anytown, MD 12345	N/A	410-222-3333	\$1,300	July 1, 2024 - June 30, 2025	\$13/hr for 100 Hours

**Reason for the above service/item**  
**Place reason here** Susie needs a break from her primary caregivers and I need time for me.

Adaptive Equipment	Great Website	Awesome Therapist, PT License # 12345	N/A	\$234.65	N/A	N/A
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**Reason for the above service/item**  
**Place reason here** These items will help Susie be more independent and self soothe


Camp	Awesome Camp	Camp registration # 232323	443-555-9999	\$700.00	July 15, 2024 - July 25, 2024	\$700/week
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**Reason for the above service/item**  
**Place reason here** Susie will be able to interact with her peers and give me a break

**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 2024 Applicant and Family Guide.**

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

**Signature of Parent/ Legal Guardian (if applicant is under 18):**  \_\_\_\_\_ **Date:** 09/01/2024

**Person designated to receive letters, emails and phone calls.** Print Name: Kayla Sample Telephone/Email: Myemail@email.com

Address: 123 Main Street City: Anytown State: MD Zip Code: 12345