

Adair County SB40 Developmental Disability Board INDIVIDUAL/FAMILY REQUEST FOR FUNDING

Date of Request: _____ County: _____

Name of Recipient: _____ DOB: _____

Primary Diagnosis: _____ Social Security #: _____

Address: _____ Phone: _____

Parent/Guardian: _____

Address: _____ Phone: _____

Name of ACSDDDB Service Coordinator: _____

Please describe the service, support or item(s) for which funding is requested.

Please check one: One-time request Ongoing request

Amount Requested: \$ _____ (Please show detailed calculations below if necessary.)

Please describe how the service, support or item(s) requested will enable the individual with developmental disability to enhance his/her vocational, prevocational, social, or independent living skills (attach additional page as needed): _____

What other funding sources have been explored and with what results?

“I certify that the funds requested are not covered through the service recipient’s current provider of insurance and have not been nor will be reimbursed through other means; and that the funds requested are necessary to enhance skill development of the service recipient in areas of Vocational, Prevocational, Social, or Independent Living. I understand that if approved for funding, I am responsible for obtaining services as outlined in this document. I agree to hold harmless and indemnify all employees, board members, and assigns of Adair County SB40/Developmental Disability Board from any acts or omissions on the part of agencies or individuals providing services per this document.”

(Individual/Parent/Guardian Signature)

(Date)

NOTE: All requests for funding and information regarding persons served shall be kept strictly confidential by the Adair County SB40 DD Board.

- All other potential funding streams, including natural home and community supports, should be accessed prior to application for ACSDDDB funding.
- All requests are reviewed by a Utilization Review Committee and are evaluated based upon priority of need; additional documentation may be requested to verify level of need.
- Multiple bids/quotes from vendors/suppliers required for items over \$1,000.

**Mail or Deliver Form To:
(or give to your service coordinator)**

**Adair County SB40 DD Board
215 E McPherson
Kirksville, MO 63501
(660)665-9400 office (660)665-9404 fax**

For Office Use Only

Date Application Received: _____ Case Number: _____
Date Reviewed by UR Committee: _____
Date Reviewed by Board (if applicable): _____
Date Approved: _____ Amount: \$ _____ Letter sent _____
Date Denied: _____ Letter sent _____
Reason for Denial: _____