

**DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities (DDD)**

Request for Extraordinary Needs Funding(ENF)

Provider:

Date:

Participant:

Author of Request:

Date of Birth:

Phone #:

Current Funding Source:

Email Address:

Type of funding requested (check one):

AT RISK = in jeopardy of losing current services due to behavior or medical needs.	URGENT = Additional service needs of a sudden nature or emergency that could not have been reasonably predicted. DDD must be contacted immediately.
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Behavior Needs
Special Medical Needs

Temporary Additional Needs
Urgent

A. Purpose of ENF request & support needed (i.e. financial)?

B. What have you tried?

C. What have you learned?

D. What are you pleased about?

E. What are you concerned about?

F. Based on what learned/what will you try?

G. How was case manager involved in pursuing ENF request (please include any comments the CM has)?

Signature (Director or Designee)

Date

Email Address

Updated 8/16