

**REQUEST FOR USE OF HCBS FUNDING**

**Case Management organization submitting request:**  
**Case Manager name:**  
**Date Submitted:**  
**SDDC/ICF/HSC Transition:**    Yes            No

**Participant name:**  
**Date of birth:**  
**Social Security number:**  
**Medicaid number:**

Child    Adult    If Child, will School District/Auxiliary Placement pay match/tuition?	Yes    No
School district name?	
HCBS anticipated start date:	Urgent (explain below) Non-urgent
Current service funding source if applicable:	
Community Support Provider:	

**SSI: Indicate SSI status for eligibility/LOC purposes.**

Status	Currently receiving	Never applied	Application pending	Denied
--------	---------------------	---------------	---------------------	--------

Submitted by:	Date:
---------------	-------

**Describe need of request:**

Residential  
 Day  
 Pre-Vocational  
 Supported Employment

Medical Equipment & Drugs  
 Speech, Hearing, Language  
 Other Medical

**DDD USE ONLY**

Resource coordinator contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	Resource coordinator comments included <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Funding approved <input type="checkbox"/> Agency advised to place on waiting list <input type="checkbox"/> Funding not approved	<input type="checkbox"/> Pended for more information; Comments
Program Specialist signature:	Date:
DDD Director or Designee signature:	Date:
Date faxed to agency:	Staff initials:

Urgent status is defined as:

1. Homeless or at imminent risk of being homeless.
2. Currently residing in an abusive, neglectful or exploitive situation.
3. In a life-threatening situation.