

APPLICATION

ASSISTIVE DAILY LIVING SERVICES PROGRAM Expires December 31, 2014

Complete and return to:

Independent Living Specialist
Division of Rehabilitation Services
3800 E. Hwy. 34, Hillsview Plaza
c/o 500 E Capitol Ave.
Pierre, SD 57501

This Assistive Daily Living Services program provides case management services, consumer preparation services, lifeline, private duty nursing, personal attendant services and incontinence supplies to eligible individuals.

Please answer these eligibility requirements:

	YES	NO
1. I am at least 18 years old.		
2. My 2014 income is less than \$ 2,163 per month.		
3. I own less than \$ 2,000 of assets (does not include one home or one automobile) or \$25,448 in combined assets (if married).		
4. I have a substantial functional impairment to all four limbs due to ataxia, cerebral palsy, rheumatoid arthritis, muscular dystrophy, multiple sclerosis, traumatic brain injury, a congenital condition, an accident or injury to the spinal cord, or other neuromuscular or cerebral (other than traumatic brain injury) condition or disease; or have four limbs absent due to disease, trauma or congenital conditions.		
5. As a result of my disability, I need assistance with activities of daily living i.e. dressing, bathing, toileting, preparing meals.		
6. I am able to independently manage and direct a personal attendant (includes recruiting, screening, interviewing, selecting, scheduling, training, supervising, preparing timesheets, arranging for emergency backup, determine the attendance competency to perform needed services, direct the attendant to perform tasks, resolve conflicts, and, if necessary, terminate the attendant if the conflict cannot be resolved).		
7. I am medically stable and free from life-threatening conditions as determined by the individual's personal physician.		

I understand that it is my responsibility to complete the information requested and submit it to the address above so that I may be considered for services. I understand that if I answer yes to all the questions listed above I will receive an assessment to determine my eligibility for services. I also understand that if after the assessment I am not found eligible for services, I will be notified in writing of my right to appeal the determination and to request a fairing hearing.

Print Name

Date

Street

City

State Zip

Phone Number

My Disability is?

Date of Birth