

APPLICATION FOR STRENGTHENING FAMILIES PROGRAM

(Formerly known as the Statewide Family Support Program)

PARENT/GUARDIAN: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ COUNTY: _____ PHONE (best number): _____

EMAIL: _____

NAME OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	DIAGNOSIS	DOB	SSN	MEDI-CAID Y/N	IEP/IFSP Y/N	RACE	SEX

Documentation of the individual's diagnosis and functional limitations such as birth-to-3 evaluations, psychological- educational testing scores or other evaluations pertinent to the individual's diagnosis should be submitted. If questions should arise regarding documentation, please call the toll-free number listed below.

Relationship to individual with special needs: _____

Does the individual with special needs reside in your home or in their own home? _____(yes or no)

What is your funding request (optional)? _____

What is the estimated cost (optional)? _____

Briefly describe how this funding will assist your family in meeting the individual's special needs: _____

I understand for an individual to be eligible for the Strengthening Families program, he/she must have a diagnosed developmental disability, and must reside within a family member's home or in their own home.

SIGNATURE _____ DATE _____

South Dakota Department of Human Services: Strengthening Families Program

3800 E. Highway 34 - Hillsvie Plaza, c/o 500 E. Capitol Ave., Pierre, SD 57501-5070

Phone toll-free 800-265-9684 or 605-773-3438

FAX 605-773-7562, website dhs.sd.gov/developmentaldisabilities/sfs.aspx

The Strengthening Families Program (formerly Statewide Family Support Program) is NOT a waiting list for Family Support 360.

The Strengthening Families Program and Family Support 360 are two separate programs.

Strengthening Families is a program designed to help families with individualized needs utilize limited funding and does not offer service coordination. This program utilizes limited funding for the purchase of goods and services, which may otherwise put undue hardship on families. This program can serve children and adults with a qualifying intellectual or developmental disability.

Services and supports may include:

- Incontinence supplies (after 3 years of age)
- Medications
- Nutritional supplements
- Recreational opportunities
- Adaptive equipment
- Housing modifications
- Travel expenses for medical care
- Vehicle modifications

The **Family Support 360** program is a Medicaid waiver with additional eligibility requirements. This waiver is self-directed and allows for the participant and family to guide the direction of the services based on their needs through the lifespan. Your Family Support Coordinator helps you access additional services like companion care, personal care, and supported employment.

Services and supports may include:

- Companion services
- Special medical adaptive equipment and supplies
- Respite care
- Home modifications
- Vehicle modifications
- Supported employment
- Personal care
- Nutritional supplements

To apply for the Family Support 360 Program, please contact:

Providers	City	Coverage Area	Phone
Benchmark	Spearfish	Statewide	605.644.7370
Black Hills Special Services Cooperative	Sturgis	Western & Central South Dakota	605.347.4467
Dakota Milestones	Chamberlain	Central & Southeast South Dakota	605.734.5542
Huron Area Center for Independence	Huron	Northeast South Dakota	605.352.5698
LifeQuest	Mitchell	Southeast South Dakota	605.996.2032
LifeScape	Sioux Falls	Southeast South Dakota	605.444.9500
SESDAC, Inc	Vermillion	Southeast & Northeast South Dakota	605.624.4419
Volunteers of America	Sioux Falls	Southeast South Dakota	605.334.1414