



## APPLICATION FOR FAMILY SUPPORT 360

Person Completing Application: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of person/people with developmental Disability	Diagnosis	DOB	SSN	Medicaid Y/N	SSI Y/N	IEP/IDSP Y/N	Sex

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

Does the person with special needs reside in your home? \_\_\_\_\_ (yes or no)

What support needs are you hoping for: (Check all that apply)

- Financial assistance
- Transition
- Coordination with community resources
- Advocacy with my school

Other: \_\_\_\_\_

Briefly describe how this support will assist your family in meeting your loved one’s special needs:

I understand for a person to be eligible for the Family Support program, he/she must have a diagnosed developmental disability and must reside within a family member’s home or their own home. I hereby attest that the applicant(s) meet the eligibility requirements for the Family Support program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_