

Family Support 360 Application

(please print)

Applicant Name: _____

Date of Birth: _____

Gender: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County: _____ Phone (best number): _____

Email: _____

Diagnosis: Intellectual/Cognitive Disability Autism Cerebral Palsy Down Syndrome Traumatic Brain Injury

FASD Other: _____

Medicaid Eligible? Yes No

If yes, Medicaid #: _____

Receiving any of the following benefits or services? SSI SSDI Medicare Private Health Insurance Independent Living Services CHOICES Vocational Rehabilitation Individualized Education Plan (IEP)

Does the applicant live in a family member's home on a full-time basis? Yes No

Does the applicant live in their own home in his/her community? Yes No

Relationship to applicant: Self Parent Guardian Teacher Other family member Other: _____





Phone (best number): _____



Is there a parent, guardian, or other consentor? Yes No

If yes, name and contact information: _____

Documentation of the person's diagnosis and functional limitations such as birth-to-3 evaluations, psycho-educational, psychological evaluation, adaptive behavior testing scores, or other evaluations pertinent to the person's diagnosis must be submitted with this application.










Life Categories/Domains - what supports do you need to achieve your vision of a good life?

 Daily Life & Employment	What you do as part of everyday life-school, employment, volunteering, communication, routines, life skills
 Community Living	Where and how you live – housing, living options, community access, transportation, home modifications
 Safety & Security	Staying safe and secure-emergencies, well-being, guardianship options, legal rights and issues
 Healthy Living	Managing and accessing health care and staying well-medical, mental health, behavior, developmental, wellness & nutrition

 Social & Spiritual	Building friendships and relationships, leisure activities, personal networks, faith community
 Citizenship & Advocacy	Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived

Based on the descriptions below, which **services** do you need to help you achieve your vision of a good life?

Check those that apply

		Service Coordination-assistance & advocacy to plan for current and future needs
		Personal Care-support in day to day personal needs such as dressing, bathing, eating
		Companion Care-support to learn skills for independent living and participate in community events
		Supported Employment-support to find and keep a job that matches your interests and skills
		Specialized Medical Adaptive Equipment and Supplies- items that enable you to increase your abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which you live
		Home Modifications-adaptations to the environment to enable accessibility for the person
		Respite Care-financial assistance to allow family members to take short breaks from caregiving
		Vehicle Modifications-adaptations that allow the individual community access
		Recreational Opportunities-financial assistance to participate in the life of the community

I understand that for an individual to be eligible for Family Support 360 he/she must have a qualifying diagnosed developmental or intellectual disability. I understand that I can submit this application to any Family Support 360 waiver provider.

SIGNATURE _____ DATE _____



Family Support 360 Provider Contact List

Benchmark Human Services

Coverage area: Statewide

Return to: Teri Bukowski, FS360 Regional Manager

PO BOX 252 Elkton, SD 57026

(605) 645-4540

tbukowski@benchmarkhs.com

Black Hills Special Services Cooperative

Coverage area: Western & Central

PO Box 218 Sturgis, SD 57785

Return to: Kari Eszlinger, FS360 Admissions Coordinator

(605) 720-4853

keszlinger@bhssc.org

Dakota Milestones

Coverage area: Central & Southeast

(605)734-5542

Center for Independence

Coverage area: Northeast

Return to: Dawn Eden

258 3rd St SW

Huron, SD 57350

(605) 352-5698

deden@cfindependence.com

LifeQuest

Coverage area: Southeast & Northeast

Return to: LifeQuest Attn: Jessica Lang

804 N Mentzer Mitchell, SD 57301

(605) 990-7813

jlang@lifequestsd.com

LifeScape

Coverage area: Southeast

Return to: Admissions Office

2501 West 26th Street, Sioux Falls, SD 57105

(605) 444-9550

Admissions@LifeScapeSD.org

SESDAC

Coverage area: Southeast
Return to: Southeast Family Support
PO Box 349
Scotland, SD 57059
(888) 816-5880
nikki.kavanagh@sesdac.org

Volunteers of America

Coverage area: Southeast
Return to: Edie Kavanagh
1401 W. 51st St
PO Box 89306
Sioux Falls, SD 57109
(605)444-6236
e.kavanagh@voa-dakotas.org