

Stone County Developmental Disability Board
Individual/Family Request for Funding
12/1/2017 (updated 2/8/2018)

Date of Request: _____

Name of Recipient: _____ DOB: _____

Primary Diagnosis: _____

Address: _____ Phone: _____

Parent/Guardian: _____

Address: _____ Phone: _____

Name of Service Coordinator: _____ Phone: _____

Please describe the service, support or item(s) for which funding is requested.

Please check one: One-time request Ongoing request

Amount Requested: \$_____ (Please show detailed calculations below if necessary.)

Please describe how the service, support or item(s) requested will enable the individual with developmental disability to enhance his/her vocational, pre-vocational, social, or independent living skills (attach additional page as needed): _____

What other funding sources have been explored and with what results?

“I certify that the funds requested are not covered through the service recipient’s current provider of insurance and have not been nor will be reimbursed through other means; and that the funds requested are necessary to enhance skill development of the service recipient in areas of Vocational, Pre-vocational, Social, or Independent Living. I understand that if approved for funding, I am responsible for obtaining services as outlined in this document. I agree to hold harmless and indemnify all employees, board members, and assigns of Stone County Developmental Disability Board from any acts or omissions on the part of agencies or individuals providing services per this document.”

(Individual/Parent/Guardian Signature)

(Date)

(Service Coordinator Signature)

(Date)

NOTE: All requests for funding and information regarding persons served shall be kept strictly confidential by the SCDDDB.

- All other potential funding streams, including natural home and community supports, should be accessed prior to application for SCDDDB funding.
- All requests are reviewed by the SCDDDB and are evaluated based upon priority of need; additional documentation may be requested to verify level of need.
- Multiple bids/quotes from vendors/suppliers are required for items over \$1,000.

Mail or Deliver Form To:

**Stone County Developmental Disability Board
P.O Box 2383
Branson West, Mo 65737**

For Office Use Only

Date Application Received: _____ Request Number: _____
Date Reviewed by UR Committee: _____
Date Reviewed by Board (if applicable): _____
Date Approved: _____ Amount: \$ _____ Date Letter sent: _____
Date added to Wait-list (if applicable): _____ Date Letter sent: _____
Date Denied: _____ Date Letter sent: _____
Reason for Denial: _____
