**HMCDDO Discretionary Funding Request For Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Individual Name/Address: | | | | |  |
| Guardian/Conservator/Payee: | | | | |  |
| Medicaid: |  | Yes |  | No | *MCO Care Coordinator (if applicable):* |

***Service(s) Requested:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Residential Supports (group/shared): | # Days/month needed: |  |
|  | Day Supports (group/shared): | # Days/month needed: |  |
|  | Personal Care Services (Needs Assessment required) |  |  |
|  | Other: |  |  |

***Reason for Request:***

|  |  |
| --- | --- |
|  | Individual is unserved, and is ineligible for HCBS IDD Program |
|  | Individual is unserved, and is eligible and on the waiting list for HCBS I/DD |
|  | Individual received HCBS IDD supports and is no longer eligible for HCBS I/DD |

***Required Attachments:***

|  |  |
| --- | --- |
|  | Current Person-Centered Support Plan |
|  | Statement describing current situation and reason for request |
|  | Supporting documentation such as critical event reports, individual justice plan, Vocational rehabilitation plan, plans from other community agencies and organizations serving the individual, statement from MCO of resources available and accessed through the MCO health plan. |

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| ­­­­­­­­­­­­­­*Signature of Person completing form* |  | Date: |
| *Person/Legally Responsible Party Signature* |  | Date: |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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| **Harvey-Marion County CDDO Use Only:** | ***Date Request Received:*** |  |

* Person Centered Support Plan Provided (unless Medicaid-Ineligible TCM with no prior PCSP)
* Supporting Information Provided
* Request Complete/Forward to Resource Allocation Committee
* Request Incomplete/Return for completion

|  |  |  |
| --- | --- | --- |
| *Signature of HMCDDO Funding Coordinator* |  | Date: |

**Resource Allocation Committee Use Only:**

* Approved, Funds Available, Options Counseling to be provided
* Approved, Added to Discretionary Funding Waiting List
* Holding for more information

*Comments:*

|  |  |  |
| --- | --- | --- |
| *Signature, Resource Allocation Committee Chair* |  | Date: |