**HMCDDO Request for Personal Needs Funding**

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| Individual Name/Address: |  |
| Guardian/Conservator/Payee: |  |
| Parent/Family (if Minor Child): |  |

Medical/Dental not covered by Insurance

Personal Safety

* Crisis Prevention/Management

*Directions:*

1. Attach description of need and total cost.
2. Determine financial contribution of child’s family, or of individual adult.
3. Attach report of resources researched and financial contribution.
4. Requests for Home Modifications and Equipment require two bids from companies qualified by, or affiliated with, the CDDO. Include copies of bids.
5. For dental requests, oral hygiene supports must be addressed in the individual’s PCSP (include copy of current PCSP with request) and corroborated by dental office oral hygiene exam. Dental requests are limited to a lifetime maximum of $10,000 per individual.

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| --- | --- |
| Total cost of needed item/support: | $ |
| Total family/adult partnership: | $ |
| Total from other resources: | $ |
| **Total amount requested (subtract B and C from A):** | **$** |

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

* Submit completed form & required documents to CDDO Funding Coordinator.

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

* Request Complete/Forward to Resource Allocation Committee
* Request Incomplete/Returned for completion

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| --- | --- | --- | --- | --- |
| ***Resource Allocation Committee Use Only:*** | Approved: |  | Not Approved: |  |

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| **HMCDDO Funding Coordinator Signature:** |  | Date: |
| **HMCDDO Resource Allocation Committee Chair Signature:** |  | Date: |