

**Developmental Disabilities Administration (DDA)
Low Intensity Support Services (LISS) Program
Random Selection Application**

Applicant Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Social Security Number:	Medical Assistance Number:
Street Address:	City:	State:
Zip Code and County:	Telephone Numbers: (Home) and (Cell):	E-mail Address:
Applicant Representative Information: Parent, Legal Guardian, CCS or Case Worker fills out this section.		
Name:	Relationship to applicant:	Telephone number:

Applicant Declaration of Intent-Please read before signing

By signing this request form, I understand I am requesting to participate in a random selection of applicants identified through documentation as having an eligible diagnosis. I am a resident of the state of Maryland requesting funding for an eligible service as noted on the LISS website at <http://dda.dhmdh.maryland.gov/SitePages/liss.aspx>. I hereby attest that the information provided on this form is accurate to the best of my knowledge. I understand funding through LISS is not an entitlement and, if selected through the random selection process, I will be required to provide documentation verifying my identity, disability, residency, and an identified eligible service/item delivered or provided by an eligible vendor. I also understand that a representative of the LISS agency serving my county will contact me and assist with the LISS process.

Signature of LISS Applicant or Representative, if under 18 years of age: _____ Date: _____

Please Note: For FY 2020, the LISS Program's open season to apply for LISS funding is as follows:

LISS Random Selection Applications for Round 1 are being accepted by the LISS Providers from May 1, 2019-June 30, 2019.

LISS Random Selection Applications for Round 2 are being accepted by the LISS Providers from July 1, 2019-November 29, 2019.