

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. Please complete as much as you can of the following sections. If you are in need of assistance, you may contact a DDD Intake Specialist at 1-833-663-9673 and press option 2 for Developmental Disabilities.










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

15090 Hwy 7 NW, Milan, MN 56262

(605) 645-4540

tbukowski@benchmarkhs.com

Black Hills Special Services Cooperative

Coverage area: Western & Central

PO Box 218 Sturgis, SD 57785

Return to: Kristi Heumiller; FS360 Admissions

Coordinator (605) 720-4857

kheumiller@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

(605) 660-4574

nikki.kavanagh@sesdac.org

Volunteers of America

Coverage area: Southeast

Return to: Edie Kavanagh

PO Box 89306

Sioux Falls, SD 57109

(605)444-6236

e.kavanagh@voa-dakotas.org