# FY24 DDRB New Service Request Form

Date: _____

Agency: _____Service: _____

Contact: _____ Email: _____

Complete this form and email it to Kathy Robb at Krobb@ddrb.org by January 13, 2023.

**DDRB Service Priority Levels**

**Critical** for Individuals/family's health and safety.

- Having the potential to become disastrous: at the point of crisis
- Individual's life would be unstable and at risk of severe harm if service is not received

**Essential** to individual's/family's quality of life

- Absolutely necessary, extremely important
- Individual would not have the skills/supports to participate in key life areas: employment, mobility, independent living

**Enhances** individual's/family's quality of life

- Beneficial for increased independence/interaction with others
- Assists individual in social interaction to avoid social isolation

**1. Need for Service**

*Need for Service should describe:* the individual/participant needs that will be addressed by this service. Include any data and/or evidence that demonstrates the demand for this service specifically in St. Charles County. This section MUST address the following questions.

a) Is this project Critical or Essential? (See definitions above)
b) How will this service meet an identified need?
c) Are there eligible individuals identified to serve? (Meet DDRB eligibility requirements and live in St. Charles County)
d) Is it critical to implement this service in FY24?

**2. Program Design**

*Program Design should describe:*

a) How the service is structured and provided.
b) Any specific staff qualifications required to provide this service.
c) If the service is funded by another county. (If it is funded by another county, what are the results? Are there any staffing challenges?)
d) Describe the type of contact that will be used to provide service.
Virtual Contact Only; Face-to-Face/In-Person Contact Only; Combination of Virtual and Face-to-Face Contact

**3. Target Population**

Target Population should describe the individual/participant who receives this service (Age, diagnosis, or any other eligibility criteria).

**4. Financial**

| | |
|---|---|
| Total Project Budget | $ |
| Amount Requested from DDRB | $ |
| Number of Individuals to be served | |
| Number of Units Requested | |
| Requested Unit Rate | $ |

FY24 ERA Funding Manual- See DDRB Website

DDRB Eligibility

*3.3.2.1 Individual Eligibility Requirements*

3.3.2.1.1. **Qualifying Disabilities- Partner Funding Manual Page 17-19**

3.3.2.1.2. **Proof of Disability**

The DDRB accepts the following as proof of disability:

1) DMH/DD I.D. Number - Individuals determined eligible for Department of Mental Health (DMH) services and have a DMH/DD I.D. number can access services; after the age of 5, if the individual is determined eligible by DMH they remain eligible for services;
2) DESE Certification - Sheltered Workshops may use the DESE Certification, with reference to a developmental disability diagnosis;
3) First Steps Individualized Support Plan (IFSP) - Children ages 0 to 3rd birthday enrolled in MO First Steps Agencies must submit the child's MO First Steps IFSP, page 1 only. After the 3rd birthday, re-evaluation documentation is required.