



Goods and Services Request Form

Name of Individual: _____ DDD ID #: _____ Date of Request: _____

Item/Services Being Requested: _____

Entity providing G&S: _____ Cost of item/service: _____

Related ISP Outcome: _____

Is funding for this item/service available through any other entity? Please explain:

How would this item or service decrease the need for other services, promote community inclusion, and/or increase safety in the home? Please explain:

Will this item/service benefit anyone besides the individual? Please explain:

Is this item/service available to the general public and not specifically designed for individuals with disabilities? Please explain:

Is the requested item a class? _____ YES _____ NO

If yes, please answer the following:

- Where does this class take place? _____
- How will this class lead to employment? Please explain:

- How does this class meet the core definition of habilitation as described in Section 17.10.5.1.3 of the Supports Program Policies and Procedures Manual? Please explain:

To be completed by the Division of Developmental Disabilities

_____ Denied _____ Approved Completed by: _____ Date: _____

If denied, reasoning and/or additional information needed for approval: