|  |
| --- |
|  |
| **Name of Person** |  | **Social Security #** |  |
| **Agency Submitting request** |  | **name of person submitting request** |  |
| **Independent support coordination agency** |  |  |  |

**Note:** This form is to be submitted to the Regional Office Plans Review Unit along with all associated documentation/justification required for the type of request.

|  | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **(DIDD Use Only)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Service Name****&****\*Type of Request** | **Tier** | **Service Code****&****Fund Source** | **Provider Name****&****Provider Code** | **Site Name****&****Site Code** | **Start Date****&****End Date** | **Unit Rate****&****Unit Type** | **# of Units****&****Cost** | **Approve** | **Deny** | **\*\*Deny****&****Partial****Approve** |
| **1.** |       |    |       |       |       |       |       |       | [  ] | [  ] | [  ] |
|  |  |  |  |       |       |       |  |  0.00 |  |  |  |
| **2.** |       |    |       |       |       |       |       |       | [  ] | [  ] | [  ] |
|  |  |  |  |       |       |       |  |  0.00 |  |  |  |
| **3.** |       |    |       |       |       |       |       |       | [  ] | [  ] | [  ] |
|  |  |  |  |       |       |       |  |  0.00 |  |  |  |
| **4.** |       |    |       |       |       |       |       |       | [  ] | [  ] | [  ] |
|  |  |  |  |       |       |       |  |  0.00 |  |  |  |
| **5.** |       |    |       |       |       |       |       |       | [  ] | [  ] | [  ] |
|  |  |  |  |       |       |       |  |  0.00 |  |  |  |
| **6.** |       |    |       |       |       |       |       |       | [  ] | [  ] | [  ] |
|  |  |  |  |       |       |       |  |  0.00 |  |  |  |
| **DIDD Review and Authorization of Services:** | **Total Cost:** |  $  |  |
|       |  |  |
| (Authorizing Signature) | (Title) | (Date) |

**\* TYPE OF REQUEST**: **1.** Continue Service  **2.** Add New Service **3.** Assessment **4.** Delete Service **6. End Service 7.** Increase Service **8.** Decrease Service  **9.** Add/Change Provider

\*\* **PARTIAL APPROVAL BY DIDD**: For partial approval of a request, DIDD must complete the following page to indicate details of the partial approval.