



CDDO of Butler County State Aid Request Form

Date: _____ Committee Review: 2nd Friday 4th Friday
Client Name: _____ Date of Birth: _____ Tier: _____
TCM: _____ Phone: _____

1.) What service(s) are being requested?

DAY SERVICES

Full Time

Part Time _____ Days/Week

- Have employment options been explored prior to this request? What was the outcome? If employment has not been explored, please explain why.

RESIDENTIAL SERVICES

Full Time

Part Time _____ Days/Week

- What resources does the person have available to pay room and board?
- What additional items are needed for setting up the residence? (please complete a Personal Needs Request for the start-up costs if needed)

2.) Please describe the need in detail: *(include specifically what the immediate negative outcome will be if the service is not approved or what changed to cause the need)*

3.) What other resources have been explored prior to making this request?

4.) Please include any additional information the funding committee should be aware of related to this request: This includes any barriers to placement (family, financial, behavioral)

Please include average income/expense information to determine ability to “self-fund” the requested service. (Household income/expense information is required for those living with family/guardian regardless of age.)

Number of people living in the home __Adults __Children

Average Monthly Income (net)

SSI/SSDI	Food Stamps (vision card)
Family Subsidy/Support	Employment
General Assistance	Alimony/Child Support Received
Temporary Aid for Needy Families	Trust Fund/Adoption Subsidy
Other (please explain)	Total Income:

Average Monthly Expenses

Mortgage/Rent	Electric/Gas
Phone/Cable	Water/Trash
Food/Laundry	Clothing
Transportation	Child Support/Alimony Paid
Insurance	Child Care
Other (please explain)	Total Expenses: