



**CDDO of Butler County State Aid Request Form**

Date:

Social:

Client Name:

Date of Birth:

Tier:

TCM:

Phone:

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

**DAY SERVICES**

\_\_\_\_\_ 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**

\_\_\_\_\_ 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)	<b>Total Income:</b>

**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)	<b>Total Expenses:</b>