



Personal Needs Funding Request

Date: _____

Applicant Name: _____ Social Security: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____

TCM: _____ Phone: _____

Item(s) being requested: _____

Medicaid? YES ☐ NO ☐

FY25 Personal Needs Funding Used: \$ _____ Funding Requested: \$ _____

Size _____ Brand _____

Size _____ Brand _____

Quantity _____ Unit cost \$ _____

Quantity _____ Unit cost \$ _____

Total amount requested \$ _____

Total amount requested \$ _____

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:

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.

Route of purchase:

☐ CDDO Order

☐ Receipt Reimbursement

☐ Payable to Agency/Vender

Maximum amount available for FY25 is \$2000

RE: 4-2025

Explanation of Need: (also attach Letter of Medical Necessity) :

Other Funding Sources attempted: (provide documentation)

Name of Source	Amount of Match Funds	Reason for denial

- *Please attach copy of original receipt if requesting reimbursement for items*
- *A bid for items being ordered by the CDDO must accompany request*
 - *Bids must include tax and shipping (if applicable)*