



Invitation to Submit Offer to Provide Services (ISO)

PRIVACY NOTICE: See the end of this form to learn why DHHS collects this information

The Division of Services for People with Disabilities, on behalf of the person named below, invites providers to submit an offer declaring interest in providing the services and supports indicated herein. Providers wishing to submit an offer to provide these services and supports must submit a written provider declaration of interest by completing and returning Section II of this form or by sending an email containing the same information. Responses must be submitted to the contact named below no later than the due date listed. Responses submitted after that deadline may not be considered. Questions may be directed to the contact via secure email or phone. However, responses and offers to provide services must be submitted in writing via secure email.

Contact: _____ **Due Date:** _____
Contact Email: _____ **Contact Phone:** () _____

Section I – Profile of Person Seeking Services (completed by DSPD or Support Coordinator)

Person’s First Name: _____ **Age:** _____ **Gender:** Male Female

Current Residence (city/county): _____

Guardianship Status: Self Minor with Parent Adult with Guardian DHS/DCFS

Type of Disability: Intellectual Disability (Mild Moderate Severe Profound) Autism Spectrum Disorder
 Cerebral Palsy Acquired Brain Injury/TBI Other (please describe): _____

Other Considerations: Physical Accommodations Medical Considerations Court/Human Rights Restrictions
 Behavioral Needs Other (please describe): _____

Type of Support Requested (check all that apply):

Support Coordination

In-Home Services. Desired location of services - city or county: _____.

Respite Care Supported Living in Family Home Chore Services Companion Services
 Personal Assistance Behavior Supports Massage Therapy

Employment Supports. Desired location of services - city or county: _____.

Supported Employment – Individual Supported Employment – Enclave
Transportation needed for employment supports: Flex Trans/Paratransit Provider Transportation

Day Supports. Desired location of services - city or county: _____.

Day Supports – Group Day Supports – Senior
Transportation needed for day supports: Flex Trans/Paratransit Provider Transportation

Residential Services. List all locations to be considered: _____.

Supported Living in Own Home or Apartment Professional Parent (under age 22)
 Host Home (adults) Residential Habilitation
Additional supports needed as part of the residential program: Personal Budget Assistance
 Behavior Supports Medication Management
 Extended Living/Summer Program/Before and After School Program

Other (please describe): _____

Brief description of the person and services or supports needed:

Current Funding Level: \$ _____ per session / hour / day **OR** _____ (# of) units per week / month / year

Section II – Provider Declaration of Interest (To be completed by provider and returned through secure email.)

Provider Agency: _____ **Contact Name:** _____

Daytime Phone Number: () _____ **Email Address:** _____

Location of intended program: _____

Brief Description of intended program (including program size):

PRIVACY NOTICE:

DHHS is collecting this data to acquire offers to provide services. This personal data will only be used by DHHS, and if needed, by a person or party contracted with DHHS. Without this data, DHHS cannot acquire offers to provide services. This data is part of record series: 15376.