

**Invitation to submit offer to provide services (ISO)****About the ISO**

The Division of Services for People with Disabilities, on behalf of the Person named in Section I below, invites providers to submit a written declaration of interest in providing the listed services and supports. To be considered, complete and return Section 2 of this form or send a secured email with the same information. Submit your responses or any questions you may have to the contact below by the listed due date. Late submissions may not be considered.

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:** _____ **Sex:** Male Female
Current residence (city/county): _____
Guardianship status: Self Minor with parent Adult with guardian DHHS/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 restriction
 Behavior 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 service - 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 Medication management

Behavior supports Extended living/summer program/before and after school program
 Other (please describe): _____

Brief description of the Person and services or supported 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):** _____