



**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 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  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 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):**