INVITATION TO SUBMIT AN OFFER TO PROVIDE SERVICES (ISO)

Version date: 7/2026

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 individuals or parties contracted with DHHS. Without this data, DHHS cannot acquire offers to provide services. This data is part of record series 15376.

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: Select one

Type of disability:

☐ Intellectual disability: (☐ Mild ☐ Moderate ☐ Severe ☐ Profound)

☐ Autism Spectrum Disorder ☐ Cerebral Palsy ☐ Acquired Brain Injury/TBI

☐ Other (please describe below):

Other considerations:

☐ Physical accommodations ☐ Medical considerations ☐ Court/human rights restriction

☐ Behavior needs ☐ Other (please describe below):

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/county): _____

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 ☐ Extended living/summer program/before and after school program

☐ Medication management ☐ Other (describe below):

Brief description of the Person and services or support needed:

Current funding level: _____ per Select one **OR** number of units: _____ per Select one

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: