



DEPARTMENT OF AGING & DISABILITIES

DEVELOPMENTAL DISABILITY ORGANIZATION

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STEPHEN SHAUGHNESSY, EXECUTIVE DIRECTOR • SEDGWICKCOUNTY.ORG

State Aid Review

Date:

Name:

DOB:

TCM & Agency Name:

TCM Phone #:

Please explain current formal supports provided by state aid allocation. If the individual is under utilizing their allocation, explain why.

What other informal supports are being provided?

Describe progress made towards goals during the last year.

What would happen if supports were no longer available?

if additional supports are needed, please provide justification of that need and when they are needed (be sure to include on the support schedule).