

**South Carolina Department of Disabilities and Special Needs  
Residential Services Request/Notification**

**Identifying Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

County of Residence: \_\_\_\_\_

DDSN Eligibility Category:  ID  RD  ASD  TBI  SCI  SD

Is this person currently:

Enrolled in the ID/RD Waiver  Enrolled in the HASCI Waiver  Not enrolled in either

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**Reason for this request/notification** *(check one and provide additional information as requested)*

Requesting a determination of the need for Residential Services (must also submit the Assessment of Need for Residential Services form and have available all information noted in the “Initial Request for Residential Services” section of Directive 700-08-DD: Single Case Agreement for Residential Habilitation)

Indicate the following **preferences** for living arrangements:

Location *(city/town, county, acceptable proximity to preferred places)*: \_\_\_\_\_

Residential Services Provider:

Setting: *(facility, shared residence, apartment)*: \_\_\_\_\_

Living Arrangements *(max number of housemates; shared bedroom)*: \_\_\_\_\_

Staff support *(24 hours on site, remote support)*: \_\_\_\_\_

Other: \_\_\_\_\_

Requesting change to current Residential Service (type, setting or model/tier) (must also submit supporting information as noted in the “Request for Change to Residential Services” section of Directive 700-08-DD: Single Case Agreement for Residential Habilitation):

Requested change:

From: \_\_\_\_\_

To: \_\_\_\_\_

Explanation of reason for change: \_\_\_\_\_

Notification of termination of Residential Habilitation or discharge from ICF/IID:

Current service type and setting/tier: \_\_\_\_\_

Name of current Residential Service provider: \_\_\_\_\_

Name of current licensed setting: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Place of residence following termination/discharge (if applicable): \_\_\_\_\_

Seeking different Residential Services provider.

Current service type and setting/tier: \_\_\_\_\_

Indicate the following **preferences** for living arrangements:

Location (*city/town, county, acceptable proximity to preferred places*): \_\_\_\_\_

Residential Services Provider: \_\_\_\_\_

Setting: (*facility, shared residence, apartment*): \_\_\_\_\_

Living arrangements (*max number of housemates; shared bedroom*): \_\_\_\_\_

Staff support (*24 hours on site, remote support*): \_\_\_\_\_

Other: \_\_\_\_\_

Anticipating the need for Residential Services within the next 24 months. Explanation:

Comments:

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**Requestor Contact Information:**

Requestor's Name: \_\_\_\_\_

Requestor's Provider Name: \_\_\_\_\_

Requestor's Mailing Address (*include zip code*): \_\_\_\_\_

Phone Number (*include area code*): \_\_\_\_\_ Email Address: \_\_\_\_\_