



INITIAL REQUEST FOR OUTLIER/BAND CHANGE FUNDING

1:1 OR ENHANCED STAFF SUPPORT PROVIDED IN A RESIDENTIAL OR DAY PROGRAM SETTING

I. Nature of Request:

- 1:1 staff support
- Enhanced staff support due to the needs of one person.
- Enhanced staff support due to the needs of more than one person.

II. Amount of Funding Request: \$ _____

III. Location(s): Name(s) and type(s) of setting(s) in which enhanced staff support will be provided. _____

IV. Name(s)/SSN(s) of those who will be provided with enhanced staff support.

V. Current staffing pattern: Use "Residential Staffing Grid" if provided in a residential setting. _____

VI. Staffing Pattern Requested: Use "Residential Staffing Grid" if provided in a residential setting. _____

VII. Reason for Request: Describe why current staffing pattern is insufficient.

VIII. Interventions: Describe the interventions that have been tried, the date(s) implemented, and the results. Attach BSP, behavior data, annual and any other pertinent supporting documentation.

XI. Include the most recent financial report for the residential cost center.

Requester's Name: _____

Date: _____

DSN Board/Provider: _____

Phone: _____

Email: _____