



3. **Does the person/family have access to a computer or smart phone?**  YES  NO  
*NOTE: We use an electronic database for all reimbursement requests, staff timesheets, billing notes, expense reports, etc.*
4. **Are they looking to self-hire staff?** (Includes Respite, Community Habilitation, SEMP)  YES  NO  
 \*If Yes, please answer the following:
1. What services are you looking to self-hire?  Community Hab.  Respite  SEMP
  2. Do they have staff identified?  YES  NO
  3. Does the person require assistance with lifting and transferring?  YES  NO
5. **What is the person looking for from your self-directed budget?**
6. **Has the Person/family attended an OPWDD Self-Direction Information session?**  YES  NO  
 \*Date of Attendance: \_\_\_\_\_
7. **Are there any behavioral concerns we should know about?**
8. **Are there any personal care/medical needs that we should know about?**
9. **Are there any legal issues/concerns we should be made aware of** (ie. Parole, Probation, SORA, Community Restrictions)?
10. **Does the person currently have ISS Housing Subsidy?**  YES  NO  
 \*If Yes, what agency is the provider of the subsidy: \_\_\_\_\_

**Required Documentation:**

Life Plan	LCED
DDP2 (Shows questions with answers selected)	CR4/TABS Report
NOD (Notice of Decision)	SD Authorization Letter
*Letter of Guardianship (if applicable)	*Behavior Plan (If applicable)