

Out of State Continued

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

Tabs #: \_\_\_\_\_

FI/Budget Year: \_\_\_\_\_

**Budget Line to be utilized: Check all that apply and add subcategories if applicable**

\_\_\_\_\_ Com Hab Staff                      \_\_\_\_\_ Respite Staff                      \_\_\_\_\_ FRR

\_\_\_\_\_ IDGS: \_\_\_\_\_                      \_\_\_\_\_ OTPS: \_\_\_\_\_

**IDGS**

**For Community Classes:**

Yes  No  **Is this a continuing education opportunity (has the individual previously taken this type of class while at home?)**

Yes  No  **Is there a valued outcome in the hab plan and /or ISP that supports the funding request?**

Yes  No  **Does the class adhere to the Community Class criteria as per the current guidance?**

**OTPS:**

**Budget Line to be utilized: Check all that apply and add subcategories as applicable.**

\_\_\_\_\_ Staff activity fees                      \_\_\_\_\_ Personal Use Transportation

\_\_\_\_\_ Other Goods and Services that Increase Independence

\_\_\_\_\_ Other Goods and Services Related to Health and Safety

**For any item or service to be approved for OTPS funding in any category, it must pass ALL of the following four tests:**

Yes  No  1. Be related to a valued outcome in the person's plan.

Yes  No  2. Increase the person's independence and/or health and safety.

Yes  No  3. Not be an OTPS excluded item.

Yes  No  4. Not be funded through any other source.

**Other pertinent information to be considered:**

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\_\_\_\_\_  


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