

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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