



**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

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**County: Adams**

**Reason for PUNS or PUNS Update**

New	16
Annual Update	94
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	117
Moved to another state, close PUNS	9
Person withdraws, close PUNS	10
Deceased	11
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Unable to locate	5
Other, close PUNS	57

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
2. Death of the care giver with no other supports available.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	64
2. Person has a care giver (age 60+) and will need supports within the next year.	32
3. Person has an ill care giver who will be unable to continue providing care within the next year.	13
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	36
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	12
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	28
8. Person or care giver needs an alternative living arrangement.	13
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	27
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
20. Person wants to leave current setting within the next year.	8
21. Person needs services within the next year for some other reason, specify:	10

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	27
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	5
8. Person or care giver needs increased supports.	6
14. Other, Explain:	9

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	22
Physical Therapy	22
Occupational Therapy	28
Speech Therapy	39
Education	50



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Assistive Technology	13
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	9
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	29
Medical Equipment/Supplies	16
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	14

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	12
Other Transportation Service	8
Senior Adult Day Services	1
Developmental Training	34
"Regular Work"/Sheltered Employment	1
Other Day Supports (e.g. volunteering, community experience)	5

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	7
Nursing Home	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	88
Respite Supports (24 hours or greater)	42
Behavioral Supports (includes behavioral intervention, therapy and counseling)	20
Physical Therapy	12
Occupational Therapy	9
Speech Therapy	16
Assistive Technology	22
Adaptations to Home or Vehicle	7
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	71
Other Transportation Service	12

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	14
Support to work in the community	40
Support to engage in work/activities in a disability setting	44

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	8
Out-of-home residential services with 24-hour supports	37



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**County: Alexander**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	13
Person is fully served or is not requesting any supports within the next five (5) years	24
Person withdraws, close PUNS	4
Deceased	3
Other, close PUNS	3

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	5
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	3
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
21. Person needs services within the next year for some other reason, specify:	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	3
8. Person or care giver needs increased supports.	3

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	2
Occupational Therapy	1
Speech Therapy	2
Education	4
Assistive Technology	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	7
Medical Equipment/Supplies	1
Other Individual Supports	1

**TRANSPORTATION**

Other Transportation Service	3
Developmental Training	4
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	12
Respite Supports (24 hours or greater)	8
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	1



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Occupational Therapy	3
Speech Therapy	2
Assistive Technology	3
Adaptations to Home or Vehicle	1
Other Individual Supports	3
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	4
Other Transportation Service	6
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	3
Support to engage in work/activities in a disability setting	6
Attendance at activity center for seniors	1
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with 24-hour supports	4



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**County: Bond**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	12
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	18
Moved to another state, close PUNS	2
Person withdraws, close PUNS	8
Deceased	1
Unable to locate	1
Other, close PUNS	18

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
6. Other crisis, Specify:	2

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	6
2. Person has a care giver (age 60+) and will need supports within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
7. Person has a care giver who would be unable to work if services are not provided.	3
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	9

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	6
8. Person or care giver needs increased supports.	1
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	3
Occupational Therapy	4
Speech Therapy	2
Education	6
Assistive Technology	3
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	1
Medical Equipment/Supplies	8
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	14

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	9
Other Transportation Service	11
Developmental Training	7
"Regular Work"/Sheltered Employment	7
Supported Employment	2



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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	2
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	5
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	12
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	6
Physical Therapy	4
Occupational Therapy	7
Speech Therapy	6
Assistive Technology	7
Adaptations to Home or Vehicle	4
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	12

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	10
Other Transportation Service	10

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	7
Support to engage in work/activities in a disability setting	11

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	8



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**County: Boone**

**Reason for PUNS or PUNS Update**

New	5
Annual Update	52
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	28
Moved to another state, close PUNS	5
Person withdraws, close PUNS	5
Deceased	3
Individual Determined Clinically Ineligible	3
Other, supports still needed	1
Other, close PUNS	15

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	2
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	23
2. Person has a care giver (age 60+) and will need supports within the next year.	11
3. Person has an ill care giver who will be unable to continue providing care within the next year.	6
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	22
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	8
6. There has been a death or other family crisis, requiring additional supports.	9
7. Person has a care giver who would be unable to work if services are not provided.	30
8. Person or care giver needs an alternative living arrangement.	5
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	29
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	3
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
21. Person needs services within the next year for some other reason, specify:	21

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	14
4. Person wishes to move to a different geographic location in Illinois.	2
8. Person or care giver needs increased supports.	21
14. Other, Explain:	6

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	11
Physical Therapy	6
Occupational Therapy	11
Speech Therapy	13
Education	24
Assistive Technology	8
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	26





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Medical Equipment/Supplies	4
Other Individual Supports	3

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	6
Other Transportation Service	48
Developmental Training	9
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	7

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	2
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Nursing Home	2
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	46
Respite Supports (24 hours or greater)	10
Behavioral Supports (includes behavioral intervention, therapy and counseling)	27
Physical Therapy	19
Occupational Therapy	23
Speech Therapy	25
Assistive Technology	17
Adaptations to Home or Vehicle	8
Other Individual Supports	7

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	25
Other Transportation Service	24

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	31
Support to engage in work/activities in a disability setting	44

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	21





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**County: Brown**

**Reason for PUNS or PUNS Update**

Annual Update	1
Person is fully served or is not requesting any supports within the next five (5) years	3
Other, close PUNS	4

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Physical Therapy	1
Education	1
Assistive Technology	1
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	2
Medical Equipment/Supplies	1
Other Individual Supports	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	1
Respite Supports (24 hours or greater)	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	1
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	1
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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	1
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**County: Bureau**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	26
Person is fully served or is not requesting any supports within the next five (5) years	58
Moved to another state, close PUNS	2
Person withdraws, close PUNS	5
Deceased	5
Individual Determined Clinically Ineligible	1
Unable to locate	2
Other, close PUNS	11

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	10
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	11
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	17
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	11

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	7
8. Person or care giver needs increased supports.	11
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	4
Behavioral Supports (includes behavioral intervention, therapy and counseling)	17
Physical Therapy	12
Occupational Therapy	10
Speech Therapy	15
Education	18
Assistive Technology	13
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	19
Medical Equipment/Supplies	11
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	21



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**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	41
Other Transportation Service	28
Developmental Training	30
"Regular Work"/Sheltered Employment	3
Supported Employment	18
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	6

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	12
Community Integrated Living Arrangement (CILA)/24 Hour	20
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Child Care Institutions (Including Residential Schools)	1
Children's Foster Care	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	28
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	5
Occupational Therapy	5
Speech Therapy	9
Assistive Technology	9
Adaptations to Home or Vehicle	4
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	4

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	24
Other Transportation Service	14

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	13
Support to engage in work/activities in a disability setting	17

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	4
Out-of-home residential services with 24-hour supports	6



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**County: Calhoun**

**Reason for PUNS or PUNS Update**

Annual Update	2
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	3
Deceased	1
Other, close PUNS	12

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	1
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
7. Person has a care giver who would be unable to work if services are not provided.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	10
8. Person or care giver needs increased supports.	2
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	2
Occupational Therapy	3
Speech Therapy	4
Education	5
Assistive Technology	1
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4
Medical Equipment/Supplies	1
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	3
Senior Adult Day Services	1
Developmental Training	5
"Regular Work"/Sheltered Employment	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	4
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1



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Nusing Home	1
Other Residential Support (including homeless shelters)	1
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Adaptations to Home or Vehicle	1
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	1
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with 24-hour supports	1



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**County: Carroll**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	9
Person is fully served or is not requesting any supports within the next five (5) years	25
Moved to another state, close PUNS	1
Person withdraws, close PUNS	6
Deceased	1
Other, close PUNS	7

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1
2. Person has a care giver (age 60+) and will need supports within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	2
21. Person needs services within the next year for some other reason, specify:	5

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	8
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
8. Person or care giver needs increased supports.	1

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	1
Occupational Therapy	3
Speech Therapy	6
Education	8
Assistive Technology	1
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	10
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	17

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	10
Other Transportation Service	29
Developmental Training	25
"Regular Work"/Sheltered Employment	11
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	2
Community Integrated Living Arrangement (CILA)/24 Hour	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	6



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Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
State Operated Developmental Center (SODC)	1
Nursing Home	1
Children's Residential Services	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	8
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Speech Therapy	2
Assistive Technology	1
Adaptations to Home or Vehicle	1
Other Individual Supports	4

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	4
Other Transportation Service	8

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	3
Support to engage in work/activities in a disability setting	6
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	4
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**County: Cass**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	15
Person is fully served or is not requesting any supports within the next five (5) years	20
Deceased	1
Unable to locate	2
Other, close PUNS	15

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	2
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

2. Death of the care giver with no other supports available.	1
6. Other crisis, Specify:	2

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	11
2. Person has a care giver (age 60+) and will need supports within the next year.	6
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	4
7. Person has a care giver who would be unable to work if services are not provided.	6
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	6
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	9
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
8. Person or care giver needs increased supports.	1
14. Other, Explain:	2

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	5
Occupational Therapy	5
Speech Therapy	7
Education	10
Assistive Technology	6
Adaptions to Home or Vehicle	3
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	12
Medical Equipment/Supplies	4



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Other Individual Supports	2
<b>TRANSPORTATION</b>	
Other Transportation Service	2
Developmental Training	14
Supported Employment	1
<b>RESIDENTIAL SUPPORTS</b>	
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	9
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Physical Therapy	1
Speech Therapy	2
Assistive Technology	2
Other Individual Supports	2
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	4
Other Transportation Service	1
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	1
Support to engage in work/activities in a disability setting	3
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with 24-hour supports	12



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**County: Champaign**

**Reason for PUNS or PUNS Update**

New	55
Annual Update	291
Change of category (Emergency, Planning, or Critical)	45
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	39
Person is fully served or is not requesting any supports within the next five (5) years	189
Moved to another state, close PUNS	20
Person withdraws, close PUNS	25
Deceased	15
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	40
Submitted in error	1
Other, close PUNS	170

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	7
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	7
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	4
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	5

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	19
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	5
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	6
6. Other crisis, Specify:	68

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	166
2. Person has a care giver (age 60+) and will need supports within the next year.	103
3. Person has an ill care giver who will be unable to continue providing care within the next year.	23
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	88
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	27
6. There has been a death or other family crisis, requiring additional supports.	11
7. Person has a care giver who would be unable to work if services are not provided.	68
8. Person or care giver needs an alternative living arrangement.	30
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	193
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	8
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	11
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	6
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1



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17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	6
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
20. Person wants to leave current setting within the next year.	10
21. Person needs services within the next year for some other reason, specify:	33

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	139
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
8. Person or care giver needs increased supports.	34
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	5

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	10
Respite Supports (<24 hour)	14
Behavioral Supports (includes behavioral intervention, therapy and counseling)	145
Physical Therapy	37
Occupational Therapy	98
Speech Therapy	132
Education	185
Assistive Technology	47
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	65
Medical Equipment/Supplies	31
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	141

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	141
Other Transportation Service	295
Senior Adult Day Services	1
Developmental Training	95
"Regular Work"/Sheltered Employment	83
Supported Employment	90
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	65
Other Day Supports (e.g. volunteering, community experience)	32

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1



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Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	8
Shelter Care/Board Home	1
Children's Residential Services	5
Child Care Institutions (Including Residential Schools)	9
Children's Foster Care	1
Other Residential Support (including homeless shelters)	12

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	358
Respite Supports (24 hours or greater)	29
Behavioral Supports (includes behavioral intervention, therapy and counseling)	132
Physical Therapy	44
Occupational Therapy	82
Speech Therapy	101
Assistive Technology	56
Adaptations to Home or Vehicle	17
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	74

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	336
Other Transportation Service	334

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	8
Support to work in the community	266
Support to engage in work/activities in a disability setting	128

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	90
Out-of-home residential services with 24-hour supports	86



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**County: Christian**

**Reason for PUNS or PUNS Update**

New	7
Annual Update	26
Change of category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	38
Moved to another state, close PUNS	3
Person withdraws, close PUNS	23
Deceased	18
Individual Stayed in ICF/DD	1
Individual Determined Clinically Ineligible	1
Unable to locate	3
Other, close PUNS	44

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	5
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	7
2. Death of the care giver with no other supports available.	1
3. Person has been committed by the court or is at risk of incarceration.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	2
6. Other crisis, Specify:	13

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	18
2. Person has a care giver (age 60+) and will need supports within the next year.	17
3. Person has an ill care giver who will be unable to continue providing care within the next year.	7
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	18
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	6
6. There has been a death or other family crisis, requiring additional supports.	5
7. Person has a care giver who would be unable to work if services are not provided.	11
8. Person or care giver needs an alternative living arrangement.	12
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	30
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	2
20. Person wants to leave current setting within the next year.	10
21. Person needs services within the next year for some other reason, specify:	16

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	43
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	4
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	4
4. Person wishes to move to a different geographic location in Illinois.	4





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7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	17
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	28

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	32
Physical Therapy	8
Occupational Therapy	8
Speech Therapy	10
Education	27
Assistive Technology	4
Homemaker/Chore Services	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	18
Medical Equipment/Supplies	8
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	30

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	44
Other Transportation Service	33
Senior Adult Day Services	1
Developmental Training	65
"Regular Work"/Sheltered Employment	23
Supported Employment	2
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	8

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/Intermittent	8
Community Integrated Living Arrangement (CILA)/24 Hour	26
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	7
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	3
Shelter Care/Board Home	1
Nursing Home	9
Children's Foster Care	1
Other Residential Support (including homeless shelters)	9

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	29
Respite Supports (24 hours or greater)	10
Behavioral Supports (includes behavioral intervention, therapy and counseling)	18
Physical Therapy	4
Occupational Therapy	7
Speech Therapy	6
Assistive Technology	8





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Adaptations to Home or Vehicle	3
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	10

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	20
Other Transportation Service	14

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	27
Support to engage in work/activities in a disability setting	28
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	6
Out-of-home residential services with 24-hour supports	22



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**County: Clark**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	10
Person is fully served or is not requesting any supports within the next five (5) years	17
Moved to another state, close PUNS	2
Person withdraws, close PUNS	3
Deceased	1
Individual Determined Clinically Ineligible	1
Unable to locate	4
Other, close PUNS	12

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	2
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	9
2. Person has a care giver (age 60+) and will need supports within the next year.	5
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	8
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	3
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	2
8. Person or care giver needs increased supports.	3

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	8
Occupational Therapy	8
Speech Therapy	13
Education	15
Assistive Technology	6
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	7
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	6

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	11
Other Transportation Service	12
Senior Adult Day Services	1
Developmental Training	12
Supported Employment	2



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Other Day Supports (e.g. volunteering, community experience)	1
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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	6
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Supported Living Arrangement	1
Children's Residential Services	1
Other Residential Support (including homeless shelters)	3

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	8
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Physical Therapy	2
Occupational Therapy	5
Speech Therapy	7
Assistive Technology	4
Adaptations to Home or Vehicle	1
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	4

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	8
Other Transportation Service	1

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	3
Support to engage in work/activities in a disability setting	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	2



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**County: Clay**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	12
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	90
Moved to another state, close PUNS	1
Person withdraws, close PUNS	18
Deceased	6
Other, close PUNS	14

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	1
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	2
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	8

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	3
8. Person or care giver needs increased supports.	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	6
Physical Therapy	3
Occupational Therapy	5
Speech Therapy	2
Education	5
Assistive Technology	6
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	9
Medical Equipment/Supplies	3
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	15

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	8
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Other Transportation Service	17
Developmental Training	16
"Regular Work"/Sheltered Employment	1
Supported Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	7
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	3
Shelter Care/Board Home	1
Nursing Home	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	12
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Physical Therapy	4
Occupational Therapy	5
Speech Therapy	4
Assistive Technology	9
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	11

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	10
Other Transportation Service	12

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	5
Support to engage in work/activities in a disability setting	8

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	6



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**County: Clinton**

**Reason for PUNS or PUNS Update**

New	6
Annual Update	44
Change of category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	111
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	5
Individual Stayed in ICF/DD	1
Other, close PUNS	69

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	3
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

2. Death of the care giver with no other supports available.	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	12
2. Person has a care giver (age 60+) and will need supports within the next year.	8
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	4
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	7
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	13
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	7
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	17

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	18
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
8. Person or care giver needs increased supports.	2
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	18
Physical Therapy	12
Occupational Therapy	15
Speech Therapy	19
Education	16
Assistive Technology	16
Adaptions to Home or Vehicle	9



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Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	9
Medical Equipment/Supplies	12
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	40

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	27
Other Transportation Service	33
Senior Adult Day Services	2
Developmental Training	38
"Regular Work"/Sheltered Employment	17
Supported Employment	4
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	15
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	4
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	6
State Operated Developmental Center (SODC)	14
Shelter Care/Board Home	1
Nursing Home	2
Assisted Living Facility	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	28
Respite Supports (24 hours or greater)	15
Behavioral Supports (includes behavioral intervention, therapy and counseling)	11
Physical Therapy	12
Occupational Therapy	17
Speech Therapy	18
Assistive Technology	18
Adaptations to Home or Vehicle	10
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	32

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	30
Other Transportation Service	32

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	5
Support to work in the community	25
Support to engage in work/activities in a disability setting	31

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	30





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**County: Coles**

**Reason for PUNS or PUNS Update**

New	11
Annual Update	74
Person is fully served or is not requesting any supports within the next five (5) years	244
Moved to another state, close PUNS	7
Person withdraws, close PUNS	13
Deceased	29
Individual Determined Clinically Ineligible	1
Unable to locate	14
Other, supports still needed	1
Other, close PUNS	69

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	7
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	4
2. Death of the care giver with no other supports available.	1
3. Person has been committed by the court or is at risk of incarceration.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	6

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	57
2. Person has a care giver (age 60+) and will need supports within the next year.	10
3. Person has an ill care giver who will be unable to continue providing care within the next year.	10
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	31
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	8
7. Person has a care giver who would be unable to work if services are not provided.	47
8. Person or care giver needs an alternative living arrangement.	12
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	44
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	20

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	36
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3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	5
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	41
14. Other, Explain:	10

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	4
Respite Supports (<24 hour)	9
Behavioral Supports (includes behavioral intervention, therapy and counseling)	139
Physical Therapy	54
Occupational Therapy	79
Speech Therapy	107
Education	74
Assistive Technology	35
Homemaker/Chore Services	13
Adaptions to Home or Vehicle	18
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	33
Medical Equipment/Supplies	24
Nursing Services in the Home, Provided Intermittently	48
Other Individual Supports	97

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	193
Other Transportation Service	129
Senior Adult Day Services	20
Developmental Training	188
"Regular Work"/Sheltered Employment	39
Supported Employment	7
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	7

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	30
Community Integrated Living Arrangement (CILA)/Host Family	2
Community Integrated Living Arrangement (CILA)/24 Hour	176
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	7
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Nursing Home	6
Assisted Living Facility	1
Children's Residential Services	6
Other Residential Support (including homeless shelters)	16

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	89
Respite Supports (24 hours or greater)	23
Behavioral Supports (includes behavioral intervention, therapy and counseling)	46
Physical Therapy	27
Occupational Therapy	33
Speech Therapy	47



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Assistive Technology	26
Adaptations to Home or Vehicle	13
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	52

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	73
Other Transportation Service	28

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	25
Support to engage in work/activities in a disability setting	67
Attendance at activity center for seniors	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	16
Out-of-home residential services with 24-hour supports	19



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**County: Cook**

**Reason for PUNS or PUNS Update**

New	552
Annual Update	2,229
Change of category (Emergency, Planning, or Critical)	271
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	440
Person is fully served or is not requesting any supports within the next five (5) years	1,819
Moved to another state, close PUNS	217
Person withdraws, close PUNS	130
Deceased	368
Individual Stayed in ICF/DD	8
Individual Moved to ICF/DD	47
Individual Determined Clinically Ineligible	5
Individual Determined Financially Ineligible	1
Incorrect SSN	30
Unable to locate	457
Other, supports still needed	1,413
Other, close PUNS	4,647

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	8
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	70
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	8
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	39

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	25
2. Death of the care giver with no other supports available.	5
4. Person is living in a setting where there is suspicion of abuse or neglect.	11
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	15
6. Other crisis, Specify:	59

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2,127
2. Person has a care giver (age 60+) and will need supports within the next year.	760
3. Person has an ill care giver who will be unable to continue providing care within the next year.	372
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	1,035
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	432
6. There has been a death or other family crisis, requiring additional supports.	362
7. Person has a care giver who would be unable to work if services are not provided.	1,311
8. Person or care giver needs an alternative living arrangement.	318
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1,322
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	36
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	15
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	116
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	27
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	1



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16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	2
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	8
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	8
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	78
21. Person needs services within the next year for some other reason, specify:	761

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1,902
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	38
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	21
4. Person wishes to move to a different geographic location in Illinois.	10
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	2
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	7
8. Person or care giver needs increased supports.	534
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	41
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	3
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	2
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	8
14. Other, Explain:	189

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	81
Respite Supports (<24 hour)	230
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1,954
Physical Therapy	1,289
Occupational Therapy	2,108
Speech Therapy	2,466
Education	2,769
Assistive Technology	1,381
Homemaker/Chore Services	67
Adaptions to Home or Vehicle	337
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	1,723
Medical Equipment/Supplies	742
Nursing Services in the Home, Provided Intermittently	232
Other Individual Supports	1,766

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1,327
Other Transportation Service	3,628
Senior Adult Day Services	56
Developmental Training	1,688
"Regular Work"/Sheltered Employment	331
Supported Employment	174
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	285



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Other Day Supports (e.g. volunteering, community experience)	929
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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	127
Community Integrated Living Arrangement (CILA)/Intermittent	100
Community Integrated Living Arrangement (CILA)/Host Family	17
Community Integrated Living Arrangement (CILA)/24 Hour	785
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	54
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	113
Skilled Nursing Facility/Pediatrics (SNF/PED)	18
State Operated Developmental Center (SODC)	127
State Operated Mental Health Hospital (SOMHH)	2
Supported Living Arrangement	28
Community Living Facility	69
Shelter Care/Board Home	1
Nusing Home	36
Assisted Living Facility	1
Children's Residential Services	94
Child Care Institutions (Including Residential Schools)	24
Children's Foster Care	6
Other Residential Support (including homeless shelters)	95

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	3,843
Respite Supports (24 hours or greater)	1,467
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2,003
Physical Therapy	1,429
Occupational Therapy	2,181
Speech Therapy	2,480
Assistive Technology	1,740
Adaptations to Home or Vehicle	595
Nursing Services in the Home, Provided Intermittently	187
Other Individual Supports	2,320

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	2,669
Other Transportation Service	2,896

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	236
Support to work in the community	1,962
Support to engage in work/activities in a disability setting	2,206
Attendance at activity center for seniors	38

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	504
Out-of-home residential services with 24-hour supports	1,738





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**County: Cook/Chi**

**Reason for PUNS or PUNS Update**

New	308
Annual Update	1,442
Change of category (Emergency, Planning, or Critical)	226
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	319
Person is fully served or is not requesting any supports within the next five (5) years	3,066
Moved to another state, close PUNS	122
Person withdraws, close PUNS	238
Deceased	285
Individual Stayed in ICF/DD	17
Individual Moved to ICF/DD	67
Individual Determined Clinically Ineligible	69
Individual Determined Financially Ineligible	32
Incorrect SSN	27
Unable to locate	1,451
Submitted in error	2
Other, supports still needed	946
Other, close PUNS	690

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	21
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	71
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	14
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	51

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	63
2. Death of the care giver with no other supports available.	24
3. Person has been committed by the court or is at risk of incarceration.	6
4. Person is living in a setting where there is suspicion of abuse or neglect.	12
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	27
6. Other crisis, Specify:	89

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1,896
2. Person has a care giver (age 60+) and will need supports within the next year.	766
3. Person has an ill care giver who will be unable to continue providing care within the next year.	293
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	880
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	285
6. There has been a death or other family crisis, requiring additional supports.	127
7. Person has a care giver who would be unable to work if services are not provided.	1,204
8. Person or care giver needs an alternative living arrangement.	243
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1,836
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	23
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	9
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	3





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13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	28
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	8
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	2
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	7
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	2
19. Person is leaving jail, prison or other criminal justice setting in the next year.	3
20. Person wants to leave current setting within the next year.	62
21. Person needs services within the next year for some other reason, specify:	637

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1,446
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	4
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	13
4. Person wishes to move to a different geographic location in Illinois.	10
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	4
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	778
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	8
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	3
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	2
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	116

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	25
Respite Supports (<24 hour)	124
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1,126
Physical Therapy	582
Occupational Therapy	1,104
Speech Therapy	1,415
Education	2,313
Assistive Technology	497
Homemaker/Chore Services	49
Adaptions to Home or Vehicle	121
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	1,891
Medical Equipment/Supplies	409
Nursing Services in the Home, Provided Intermittently	80
Other Individual Supports	721

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	2,067
Other Transportation Service	2,601
Senior Adult Day Services	27
Developmental Training	2,579
"Regular Work"/Sheltered Employment	206



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Supported Employment	110
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	117
Other Day Supports (e.g. volunteering, community experience)	322

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	149
Community Integrated Living Arrangement (CILA)/Intermittent	154
Community Integrated Living Arrangement (CILA)/Host Family	27
Community Integrated Living Arrangement (CILA)/24 Hour	851
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	70
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	111
Skilled Nursing Facility/Pediatrics (SNF/PED)	28
State Operated Developmental Center (SODC)	15
State Operated Mental Health Hospital (SOMHH)	4
Supported Living Arrangement	16
Community Living Facility	18
Shelter Care/Board Home	7
Nursing Home	98
Assisted Living Facility	4
Children's Residential Services	26
Child Care Institutions (Including Residential Schools)	14
Children's Foster Care	9
Other Residential Support (including homeless shelters)	70

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	3,460
Respite Supports (24 hours or greater)	787
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1,416
Physical Therapy	832
Occupational Therapy	1,369
Speech Therapy	1,689
Assistive Technology	1,040
Adaptations to Home or Vehicle	284
Nursing Services in the Home, Provided Intermittently	89
Other Individual Supports	1,138

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	1,965
Other Transportation Service	1,983

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	186
Support to work in the community	1,311
Support to engage in work/activities in a disability setting	2,364
Attendance at activity center for seniors	27

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	327
Out-of-home residential services with 24-hour supports	815



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**County: Crawford**

**Reason for PUNS or PUNS Update**

Annual Update	20
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	34
Moved to another state, close PUNS	2
Person withdraws, close PUNS	11
Deceased	2
Unable to locate	1
Other, close PUNS	3

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	10
3. Person has an ill care giver who will be unable to continue providing care within the next year.	5
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	9
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	18

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
8. Person or care giver needs increased supports.	3
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	5
Occupational Therapy	5
Speech Therapy	6
Education	3
Assistive Technology	6
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	11
Medical Equipment/Supplies	1
Nursing Services in the Home, Provided Intermittently	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	5
Developmental Training	11
Supported Employment	1
Other Day Supports (e.g. volunteering, community experience)	3



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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	7
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Nursing Home	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	15
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	1
Occupational Therapy	2
Speech Therapy	2
Assistive Technology	3
Adaptations to Home or Vehicle	2
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	14
Other Transportation Service	7

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	4
Support to engage in work/activities in a disability setting	12

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	8
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**County: Cumberland**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	14
Person is fully served or is not requesting any supports within the next five (5) years	17
Moved to another state, close PUNS	1
Person withdraws, close PUNS	2
Deceased	2
Other, close PUNS	8

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	10
2. Person has a care giver (age 60+) and will need supports within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	6
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	10
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
21. Person needs services within the next year for some other reason, specify:	2

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
8. Person or care giver needs increased supports.	4
14. Other, Explain:	2

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Physical Therapy	6
Occupational Therapy	7
Speech Therapy	12
Education	17
Assistive Technology	5
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	5
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	5

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	11
Other Transportation Service	11
Developmental Training	4
"Regular Work"/Sheltered Employment	3



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Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
<b>RESIDENTIAL SUPPORTS</b>	
Community Integrated Living Arrangement (CILA)/24 Hour	1
Other Residential Support (including homeless shelters)	3
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	17
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	4
Occupational Therapy	6
Speech Therapy	5
Assistive Technology	5
Adaptations to Home or Vehicle	6
Other Individual Supports	11
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	11
Other Transportation Service	3
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	5
Support to engage in work/activities in a disability setting	8
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	1





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**County: De Kalb**

**Reason for PUNS or PUNS Update**

New	8
Annual Update	77
Change of category (Emergency, Planning, or Critical)	4
Person is fully served or is not requesting any supports within the next five (5) years	245
Moved to another state, close PUNS	10
Person withdraws, close PUNS	19
Deceased	9
Unable to locate	5
Other, close PUNS	38

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	3

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
2. Death of the care giver with no other supports available.	1
6. Other crisis, Specify:	4

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	23
2. Person has a care giver (age 60+) and will need supports within the next year.	13
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	20
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	24
8. Person or care giver needs an alternative living arrangement.	9
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	35
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
20. Person wants to leave current setting within the next year.	3
21. Person needs services within the next year for some other reason, specify:	17

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	51
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	2
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	22
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	39

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	6
Respite Supports (<24 hour)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	51
Physical Therapy	20





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Occupational Therapy	31
Speech Therapy	44
Education	59
Assistive Technology	18
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	18
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	57
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	13
Other Individual Supports	80

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	140
Other Transportation Service	145
Developmental Training	165
"Regular Work"/Sheltered Employment	51
Supported Employment	16
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	6
Other Day Supports (e.g. volunteering, community experience)	40

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	9
Community Integrated Living Arrangement (CILA)/Intermittent	17
Community Integrated Living Arrangement (CILA)/24 Hour	131
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	9
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
State Operated Developmental Center (SODC)	2
Supported Living Arrangement	3
Community Living Facility	12
Nursing Home	4
Children's Residential Services	3
Child Care Institutions (Including Residential Schools)	3
Other Residential Support (including homeless shelters)	3

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	79
Respite Supports (24 hours or greater)	40
Behavioral Supports (includes behavioral intervention, therapy and counseling)	31
Physical Therapy	14
Occupational Therapy	28
Speech Therapy	33
Assistive Technology	23
Adaptations to Home or Vehicle	10
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	14

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	55
Other Transportation Service	33

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	5
Support to work in the community	38
Support to engage in work/activities in a disability setting	48



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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	18
Out-of-home residential services with 24-hour supports	39



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**County: De Witt**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	15
Person is fully served or is not requesting any supports within the next five (5) years	28
Moved to another state, close PUNS	1
Person withdraws, close PUNS	1
Deceased	4
Unable to locate	2
Other, close PUNS	8

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	8
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	7
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	6

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	2
8. Person or care giver needs increased supports.	5
14. Other, Explain:	6

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	14
Occupational Therapy	14
Speech Therapy	16
Education	18
Assistive Technology	4
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	6
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	3
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	18

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	35
Other Transportation Service	5



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Senior Adult Day Services	1
Developmental Training	25
"Regular Work"/Sheltered Employment	6
Supported Employment	2
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	16
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Nursing Home	2
Children's Residential Services	1
Other Residential Support (including homeless shelters)	5

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	18
Respite Supports (24 hours or greater)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	10
Physical Therapy	11
Occupational Therapy	11
Speech Therapy	15
Assistive Technology	7
Adaptations to Home or Vehicle	4
Other Individual Supports	11

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	18
Other Transportation Service	6

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	6
Support to engage in work/activities in a disability setting	13

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	5
Out-of-home residential services with 24-hour supports	3



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**County: Douglas**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	22
Person is fully served or is not requesting any supports within the next five (5) years	40
Moved to another state, close PUNS	1
Person withdraws, close PUNS	3
Deceased	1
Individual Determined Clinically Ineligible	1
Unable to locate	6
Other, close PUNS	14

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	31
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	15
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	4
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	22
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	21
21. Person needs services within the next year for some other reason, specify:	6

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	6
8. Person or care giver needs increased supports.	4
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	3
Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	23
Physical Therapy	6
Occupational Therapy	14
Speech Therapy	25
Education	27
Assistive Technology	7
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	9
Medical Equipment/Supplies	2



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Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	19

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	18
Other Transportation Service	24
Developmental Training	27
Supported Employment	1
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	3
Community Integrated Living Arrangement (CILA)/24 Hour	16
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Nursing Home	2
Other Residential Support (including homeless shelters)	28

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	27
Respite Supports (24 hours or greater)	20
Behavioral Supports (includes behavioral intervention, therapy and counseling)	13
Physical Therapy	5
Occupational Therapy	8
Speech Therapy	14
Assistive Technology	4
Adaptations to Home or Vehicle	2
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	23

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	21

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	5
Support to engage in work/activities in a disability setting	15

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	3



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**Reason for PUNS or PUNS Update**

New	183
Annual Update	1,424
Change of category (Emergency, Planning, or Critical)	59
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	24
Person is fully served or is not requesting any supports within the next five (5) years	862
Moved to another state, close PUNS	124
Person withdraws, close PUNS	147
Deceased	96
Individual Stayed in ICF/DD	5
Individual Moved to ICF/DD	16
Individual Determined Clinically Ineligible	17
Individual Determined Financially Ineligible	5
Incorrect SSN	4
Unable to locate	141
Other, supports still needed	7
Other, close PUNS	849

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	6
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	72
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	5
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	27

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	41
2. Death of the care giver with no other supports available.	8
3. Person has been committed by the court or is at risk of incarceration.	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	10
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	12
6. Other crisis, Specify:	73

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	695
2. Person has a care giver (age 60+) and will need supports within the next year.	286
3. Person has an ill care giver who will be unable to continue providing care within the next year.	104
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	470
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	153
6. There has been a death or other family crisis, requiring additional supports.	38
7. Person has a care giver who would be unable to work if services are not provided.	318
8. Person or care giver needs an alternative living arrangement.	90
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	549
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	22
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	6
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	4





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14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	2
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	4
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	2
20. Person wants to leave current setting within the next year.	70
21. Person needs services within the next year for some other reason, specify:	260

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	742
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	2
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	10
4. Person wishes to move to a different geographic location in Illinois.	1
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	3
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	4
8. Person or care giver needs increased supports.	106
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	2
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	2
14. Other, Explain:	34

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	28
Respite Supports (<24 hour)	81
Behavioral Supports (includes behavioral intervention, therapy and counseling)	786
Physical Therapy	524
Occupational Therapy	894
Speech Therapy	1,034
Education	1,246
Assistive Technology	603
Homemaker/Chore Services	17
Adaptions to Home or Vehicle	268
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	760
Medical Equipment/Supplies	540
Nursing Services in the Home, Provided Intermittently	50
Other Individual Supports	1,172

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	518
Other Transportation Service	1,658
Senior Adult Day Services	9
Developmental Training	446
"Regular Work"/Sheltered Employment	220
Supported Employment	117
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	101
Other Day Supports (e.g. volunteering, community experience)	717



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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	43
Community Integrated Living Arrangement (CILA)/Intermittent	39
Community Integrated Living Arrangement (CILA)/Host Family	3
Community Integrated Living Arrangement (CILA)/24 Hour	180
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	19
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	31
Skilled Nursing Facility/Pediatrics (SNF/PED)	2
State Operated Developmental Center (SODC)	2
Supported Living Arrangement	4
Community Living Facility	13
Shelter Care/Board Home	1
Nusing Home	10
Assisted Living Facility	4
Children's Residential Services	26
Child Care Institutions (Including Residential Schools)	15
Children's Foster Care	1
Other Residential Support (including homeless shelters)	152

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	1,450
Respite Supports (24 hours or greater)	395
Behavioral Supports (includes behavioral intervention, therapy and counseling)	641
Physical Therapy	393
Occupational Therapy	536
Speech Therapy	634
Assistive Technology	361
Adaptations to Home or Vehicle	199
Nursing Services in the Home, Provided Intermittently	54
Other Individual Supports	784

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	744
Other Transportation Service	1,101

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	9
Support to work in the community	711
Support to engage in work/activities in a disability setting	623
Attendance at activity center for seniors	4

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	283
Out-of-home residential services with 24-hour supports	684



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**County: Edgar**

**Reason for PUNS or PUNS Update**

New	5
Annual Update	19
Person is fully served or is not requesting any supports within the next five (5) years	34
Moved to another state, close PUNS	5
Person withdraws, close PUNS	4
Deceased	5
Unable to locate	4
Other, close PUNS	20

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	20
2. Person has a care giver (age 60+) and will need supports within the next year.	8
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	8
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	14
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	7
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	1
20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	6

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	10
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	6
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	2

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	2
Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	18
Physical Therapy	8
Occupational Therapy	11
Speech Therapy	16
Education	14
Assistive Technology	8
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	4
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	10

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	10
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Other Transportation Service	32
Developmental Training	35
"Regular Work"/Sheltered Employment	7
Supported Employment	1
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	2
Community Integrated Living Arrangement (CILA)/24 Hour	8
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	9
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	1
Nursing Home	1
Children's Residential Services	1
Child Care Institutions (Including Residential Schools)	1
Children's Foster Care	1
Other Residential Support (including homeless shelters)	9

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	20
Respite Supports (24 hours or greater)	9
Behavioral Supports (includes behavioral intervention, therapy and counseling)	9
Physical Therapy	4
Occupational Therapy	8
Speech Therapy	10
Assistive Technology	5
Adaptations to Home or Vehicle	1
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	11

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	12
Other Transportation Service	12

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	4
Support to engage in work/activities in a disability setting	12

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	8



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**County: Edwards**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	10
Person is fully served or is not requesting any supports within the next five (5) years	3
Other, close PUNS	3

**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	1
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	3
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
21. Person needs services within the next year for some other reason, specify:	4

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	6
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**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Physical Therapy	1
Occupational Therapy	2
Speech Therapy	3
Education	3
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	2
Other Individual Supports	2

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	2
Other Transportation Service	5
Developmental Training	7
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Nursing Home	2
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	6
Respite Supports (24 hours or greater)	4
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	1
Occupational Therapy	2
Speech Therapy	3
Assistive Technology	1
Other Individual Supports	2

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	10
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Other Transportation Service	6
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	3
Support to work in the community	5
Support to engage in work/activities in a disability setting	4
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	2



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**County: Effingham**

**Reason for PUNS or PUNS Update**

New	8
Annual Update	55
Person is fully served or is not requesting any supports within the next five (5) years	101
Moved to another state, close PUNS	2
Person withdraws, close PUNS	6
Deceased	4
Individual Determined Clinically Ineligible	1
Unable to locate	4
Other, supports still needed	1
Other, close PUNS	44

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

3. Person has been committed by the court or is at risk of incarceration.	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	28
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	7
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	25
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	38
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	4
20. Person wants to leave current setting within the next year.	4
21. Person needs services within the next year for some other reason, specify:	26

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	5
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	1
8. Person or care giver needs increased supports.	6
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	18
Behavioral Supports (includes behavioral intervention, therapy and counseling)	51
Physical Therapy	30
Occupational Therapy	29
Speech Therapy	39
Education	39
Assistive Technology	23
Homemaker/Chore Services	40





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Adaptions to Home or Vehicle	8
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	19
Medical Equipment/Supplies	21
Nursing Services in the Home, Provided Intermittently	17
Other Individual Supports	115

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	80
Other Transportation Service	66
Developmental Training	69
"Regular Work"/Sheltered Employment	16
Supported Employment	29
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	8
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	27
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
State Operated Mental Health Hospital (SOMHH)	1
Nusing Home	1
Other Residential Support (including homeless shelters)	4

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	62
Respite Supports (24 hours or greater)	26
Behavioral Supports (includes behavioral intervention, therapy and counseling)	14
Physical Therapy	10
Occupational Therapy	17
Speech Therapy	20
Assistive Technology	7
Adaptations to Home or Vehicle	5
Other Individual Supports	59

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	54
Other Transportation Service	4

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	31
Support to engage in work/activities in a disability setting	42

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	28
Out-of-home residential services with 24-hour supports	11



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**County: Fayette**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	15
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	41
Person withdraws, close PUNS	6
Deceased	3
Other, close PUNS	15

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	7
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	4
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	3
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	8
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	9

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	6
8. Person or care giver needs increased supports.	2
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	4
Occupational Therapy	3
Speech Therapy	3
Education	8
Assistive Technology	4
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4
Medical Equipment/Supplies	6
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	16

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	6
Senior Adult Day Services	1
Developmental Training	8
"Regular Work"/Sheltered Employment	2



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Supported Employment	1
Other Day Supports (e.g. volunteering, community experience)	2
<b>RESIDENTIAL SUPPORTS</b>	
Community Integrated Living Arrangement (CILA)/24 Hour	5
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	11
Respite Supports (24 hours or greater)	8
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	7
Occupational Therapy	8
Speech Therapy	9
Assistive Technology	10
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	14
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	11
Other Transportation Service	15
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	10
Support to engage in work/activities in a disability setting	13
Attendance at activity center for seniors	1
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with 24-hour supports	5



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**County: Ford**

**Reason for PUNS or PUNS Update**

New	3
Other, close PUNS	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
2. Death of the care giver with no other supports available.	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	3
2. Person has a care giver (age 60+) and will need supports within the next year.	3
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
7. Person has a care giver who would be unable to work if services are not provided.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1

**TRANSPORTATION**

Supported Employment	1
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	3
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	3
Occupational Therapy	3
Speech Therapy	3
Adaptations to Home or Vehicle	2

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	3

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	2
Support to engage in work/activities in a disability setting	3



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**County: Franklin**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	13
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	39
Moved to another state, close PUNS	3
Person withdraws, close PUNS	14
Deceased	9
Unable to locate	3
Other, close PUNS	15

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	7
2. Person has a care giver (age 60+) and will need supports within the next year.	1
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	6
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	8
21. Person needs services within the next year for some other reason, specify:	2

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	14
8. Person or care giver needs increased supports.	3
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Physical Therapy	3
Occupational Therapy	4
Speech Therapy	3
Education	2
Assistive Technology	1
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	10



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**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	11
Other Transportation Service	12
Developmental Training	9
"Regular Work"/Sheltered Employment	2
Supported Employment	4

**RESIDENTIAL SUPPORTS**

Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Children's Foster Care	1
Other Residential Support (including homeless shelters)	9

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	18
Respite Supports (24 hours or greater)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	10
Physical Therapy	5
Occupational Therapy	5
Speech Therapy	3
Assistive Technology	3
Adaptations to Home or Vehicle	3
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	16

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	20
Other Transportation Service	17

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	8
Support to engage in work/activities in a disability setting	15

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	5



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**County: Fulton**

**Reason for PUNS or PUNS Update**

New	7
Annual Update	8
Change of category (Emergency, Planning, or Critical)	7
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	7
Person is fully served or is not requesting any supports within the next five (5) years	59
Moved to another state, close PUNS	2
Person withdraws, close PUNS	15
Deceased	5
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	1
Unable to locate	6
Other, close PUNS	19

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
6. Other crisis, Specify:	3

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	4
2. Person has a care giver (age 60+) and will need supports within the next year.	3
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	4
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
7. Person has a care giver who would be unable to work if services are not provided.	5
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	12
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	10
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	1
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	31
Physical Therapy	13





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Occupational Therapy	11
Speech Therapy	9
Education	22
Assistive Technology	25
Homemaker/Chore Services	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	14
Medical Equipment/Supplies	26
Nursing Services in the Home, Provided Intermittently	11
Other Individual Supports	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	34
Other Transportation Service	62
Developmental Training	55
"Regular Work"/Sheltered Employment	5
Supported Employment	1
Other Day Supports (e.g. volunteering, community experience)	6

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	9
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	16
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	20
Skilled Nursing Facility/Pediatrics (SNF/PED)	2
Supported Living Arrangement	1
Community Living Facility	5
Nursing Home	10
Children's Residential Services	2
Child Care Institutions (Including Residential Schools)	2
Children's Foster Care	1
Other Residential Support (including homeless shelters)	9

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	13
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	13
Physical Therapy	7
Occupational Therapy	7
Speech Therapy	9
Assistive Technology	5
Adaptations to Home or Vehicle	4
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	18
Other Transportation Service	12

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	10
Support to engage in work/activities in a disability setting	22

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	20



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**County: Gallatin**

**Reason for PUNS or PUNS Update**

Annual Update	3
Person is fully served or is not requesting any supports within the next five (5) years	9
Moved to another state, close PUNS	2
Person withdraws, close PUNS	9
Deceased	2
Other, close PUNS	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1
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**EXISTING SUPPORTS AND SERVICES**

Occupational Therapy	1
Speech Therapy	1
Education	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4
Other Individual Supports	1

**TRANSPORTATION**

Other Transportation Service	2
Developmental Training	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	3
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Assistive Technology	1
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	1
Other Transportation Service	1

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to engage in work/activities in a disability setting	1
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**County: Greene**

**Reason for PUNS or PUNS Update**

New	4
Annual Update	17
Change of category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	1
Deceased	2
Other, close PUNS	38

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
2. Death of the care giver with no other supports available.	1
6. Other crisis, Specify:	2

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	6
2. Person has a care giver (age 60+) and will need supports within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	6
8. Person or care giver needs an alternative living arrangement.	5
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	12
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	4

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	21
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	2
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	15
14. Other, Explain:	6

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	15
Occupational Therapy	15
Speech Therapy	20
Education	21



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Assistive Technology	3
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	11
Medical Equipment/Supplies	6
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	5

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	19
Other Transportation Service	9
Developmental Training	18
"Regular Work"/Sheltered Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	5
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Shelter Care/Board Home	1
Nursing Home	1
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	18
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	3
Occupational Therapy	3
Speech Therapy	3
Assistive Technology	2
Adaptations to Home or Vehicle	1
Other Individual Supports	2

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	6
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to engage in work/activities in a disability setting	8
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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	2



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**County: Grundy**

**Reason for PUNS or PUNS Update**

New	9
Annual Update	65
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	30
Moved to another state, close PUNS	8
Person withdraws, close PUNS	5
Deceased	4
Individual Moved to ICF/DD	2
Individual Determined Financially Ineligible	1
Unable to locate	10
Other, close PUNS	25

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	2
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	10
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	8

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	5
2. Death of the care giver with no other supports available.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	10

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	71
2. Person has a care giver (age 60+) and will need supports within the next year.	16
3. Person has an ill care giver who will be unable to continue providing care within the next year.	15
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	37
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	16
6. There has been a death or other family crisis, requiring additional supports.	33
7. Person has a care giver who would be unable to work if services are not provided.	49
8. Person or care giver needs an alternative living arrangement.	7
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	59
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	3
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	1
20. Person wants to leave current setting within the next year.	7
21. Person needs services within the next year for some other reason, specify:	50

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	42
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	2
4. Person wishes to move to a different geographic location in Illinois.	1



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7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	37
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	4
Respite Supports (<24 hour)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	22
Physical Therapy	20
Occupational Therapy	34
Speech Therapy	48
Education	59
Assistive Technology	31
Homemaker/Chore Services	5
Adaptions to Home or Vehicle	6
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	25
Medical Equipment/Supplies	17
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	59

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	27
Other Transportation Service	87
Senior Adult Day Services	1
Developmental Training	24
"Regular Work"/Sheltered Employment	14
Supported Employment	8
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	7
Other Day Supports (e.g. volunteering, community experience)	9

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	4
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Supported Living Arrangement	13
Community Living Facility	1
Other Residential Support (including homeless shelters)	4

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	84
Respite Supports (24 hours or greater)	28
Behavioral Supports (includes behavioral intervention, therapy and counseling)	45
Physical Therapy	23
Occupational Therapy	36
Speech Therapy	40
Assistive Technology	44
Adaptations to Home or Vehicle	20
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	64

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	33
Other Transportation Service	75





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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	4
Support to work in the community	45
Support to engage in work/activities in a disability setting	48

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	34
Out-of-home residential services with 24-hour supports	39



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**County: Hamilton**

**Reason for PUNS or PUNS Update**

Annual Update	6
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	42
Person withdraws, close PUNS	6
Deceased	3
Other, close PUNS	6

**CRITICAL NEED(Person needs supports within one year)**

4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
21. Person needs services within the next year for some other reason, specify:	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	3
8. Person or care giver needs increased supports.	3

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	1
Occupational Therapy	1
Speech Therapy	3
Education	4
Assistive Technology	1
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	2
Medical Equipment/Supplies	1
Other Individual Supports	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1
Other Transportation Service	3
Developmental Training	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	7
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Physical Therapy	1
Occupational Therapy	2
Speech Therapy	3
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	4



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**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	4

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	3
Support to engage in work/activities in a disability setting	3
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	1
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**County: Hancock**

**Reason for PUNS or PUNS Update**

Annual Update	21
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	41
Moved to another state, close PUNS	3
Person withdraws, close PUNS	11
Deceased	2
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	1
Unable to locate	1
Other, close PUNS	19

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
2. Death of the care giver with no other supports available.	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	14
2. Person has a care giver (age 60+) and will need supports within the next year.	7
3. Person has an ill care giver who will be unable to continue providing care within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	7
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
7. Person has a care giver who would be unable to work if services are not provided.	6
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	15
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	3
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
20. Person wants to leave current setting within the next year.	6
21. Person needs services within the next year for some other reason, specify:	9

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
8. Person or care giver needs increased supports.	3
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	1
Speech Therapy	2
Education	3
Homemaker/Chore Services	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4



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**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1
Developmental Training	4
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Shelter Care/Board Home	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	22
Respite Supports (24 hours or greater)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	6
Occupational Therapy	6
Speech Therapy	7
Assistive Technology	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	19
Other Transportation Service	19

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	18
Support to work in the community	20
Support to engage in work/activities in a disability setting	21
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	10



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**County: Hardin**

**Reason for PUNS or PUNS Update**

Annual Update	2
Person is fully served or is not requesting any supports within the next five (5) years	22
Person withdraws, close PUNS	3
Deceased	1
Other, close PUNS	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
7. Person has a care giver who would be unable to work if services are not provided.	1
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

8. Person or care giver needs increased supports.	1
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**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	1
Occupational Therapy	1
Speech Therapy	1
Education	1
Other Individual Supports	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1
Other Transportation Service	1
Developmental Training	5
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	5
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Other Transportation Service	2
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	2
Support to engage in work/activities in a disability setting	2



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**County: Henderson**

**Reason for PUNS or PUNS Update**

Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	2
Moved to another state, close PUNS	2
Person withdraws, close PUNS	5
Other, close PUNS	1

**CRITICAL NEED(Person needs supports within one year)**

9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1
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**EXISTING SUPPORTS AND SERVICES**

Education	1
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**TRANSPORTATION**

Other Transportation Service	3
Developmental Training	2
Supported Employment	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	3
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	1
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**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	1
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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
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**County: Henry**

**Reason for PUNS or PUNS Update**

New	8
Annual Update	16
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	17
Person is fully served or is not requesting any supports within the next five (5) years	47
Moved to another state, close PUNS	2
Person withdraws, close PUNS	14
Deceased	6
Incorrect SSN	1
Unable to locate	5
Other, close PUNS	21

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
3. Person has been committed by the court or is at risk of incarceration.	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	8
2. Person has a care giver (age 60+) and will need supports within the next year.	7
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	13
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	18
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	3
21. Person needs services within the next year for some other reason, specify:	15

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	10
8. Person or care giver needs increased supports.	11
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	3
Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	34
Physical Therapy	17
Occupational Therapy	18
Speech Therapy	22
Education	34
Assistive Technology	7



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Homemaker/Chore Services	10
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	18
Medical Equipment/Supplies	11
Other Individual Supports	25

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	52
Other Transportation Service	29
Senior Adult Day Services	1
Developmental Training	50
"Regular Work"/Sheltered Employment	5
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	6
Other Day Supports (e.g. volunteering, community experience)	34

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	20
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	6
Community Living Facility	1
Nursing Home	6
Children's Residential Services	1
Other Residential Support (including homeless shelters)	3

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	38
Respite Supports (24 hours or greater)	14
Behavioral Supports (includes behavioral intervention, therapy and counseling)	18
Physical Therapy	12
Occupational Therapy	16
Speech Therapy	14
Assistive Technology	8
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	43
Other Transportation Service	3

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	16
Support to engage in work/activities in a disability setting	30

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	17



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**County: Iroquois**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	21
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	66
Moved to another state, close PUNS	10
Person withdraws, close PUNS	5
Deceased	8
Individual Moved to ICF/DD	1
Individual Determined Clinically Ineligible	3
Unable to locate	6
Submitted in error	1
Other, close PUNS	37

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	2
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	6
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	2
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	14
2. Death of the care giver with no other supports available.	2
3. Person has been committed by the court or is at risk of incarceration.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	18

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	18
2. Person has a care giver (age 60+) and will need supports within the next year.	5
3. Person has an ill care giver who will be unable to continue providing care within the next year.	5
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	9
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	8
6. There has been a death or other family crisis, requiring additional supports.	5
7. Person has a care giver who would be unable to work if services are not provided.	13
8. Person or care giver needs an alternative living arrangement.	7
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	31
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	7

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	44
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2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3
4. Person wishes to move to a different geographic location in Illinois.	1
8. Person or care giver needs increased supports.	23
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	8
Respite Supports (<24 hour)	9
Behavioral Supports (includes behavioral intervention, therapy and counseling)	13
Physical Therapy	11
Occupational Therapy	13
Speech Therapy	16
Education	28
Assistive Technology	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	13
Medical Equipment/Supplies	3
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	11

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	26
Other Transportation Service	17
Developmental Training	9
"Regular Work"/Sheltered Employment	1
Supported Employment	12
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	6
Other Day Supports (e.g. volunteering, community experience)	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	1
Nursing Home	1
Child Care Institutions (Including Residential Schools)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	25
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	9
Physical Therapy	7
Occupational Therapy	10
Speech Therapy	13
Assistive Technology	6
Adaptations to Home or Vehicle	2
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	1

**TRANSPORTATION NEEDED**



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Transportation (include trip/mileage reimbursement)	21
Other Transportation Service	8
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	3
Support to work in the community	10
Support to engage in work/activities in a disability setting	8
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	5



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**County: Jackson**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	25
Change of category (Emergency, Planning, or Critical)	2
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	127
Moved to another state, close PUNS	3
Person withdraws, close PUNS	8
Deceased	5
Incorrect SSN	1
Other, close PUNS	20

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	8
2. Person has a care giver (age 60+) and will need supports within the next year.	10
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	7
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	11
8. Person or care giver needs an alternative living arrangement.	6
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	10
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
21. Person needs services within the next year for some other reason, specify:	2

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	17
8. Person or care giver needs increased supports.	6
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	1

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	11
Physical Therapy	7
Occupational Therapy	6
Speech Therapy	7
Education	12
Assistive Technology	3
Homemaker/Chore Services	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4
Medical Equipment/Supplies	4
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	17

**TRANSPORTATION**



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Transportation (include trip/mileage reimbursement)	14
Other Transportation Service	25
Senior Adult Day Services	1
Developmental Training	22
"Regular Work"/Sheltered Employment	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	13
Children's Residential Services	1
Other Residential Support (including homeless shelters)	10

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	30
Respite Supports (24 hours or greater)	10
Behavioral Supports (includes behavioral intervention, therapy and counseling)	9
Physical Therapy	6
Occupational Therapy	6
Speech Therapy	12
Assistive Technology	9
Adaptations to Home or Vehicle	8
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	22

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	26
Other Transportation Service	25

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	11
Support to engage in work/activities in a disability setting	21

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	5





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**County: Jasper**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	7
Person is fully served or is not requesting any supports within the next five (5) years	5
Person withdraws, close PUNS	3
Deceased	1
Other, close PUNS	2

**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	1
7. Person has a care giver who would be unable to work if services are not provided.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
21. Person needs services within the next year for some other reason, specify:	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	3
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**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	1
Occupational Therapy	1
Speech Therapy	5
Education	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	2
Other Individual Supports	3

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	2
Developmental Training	3
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	5
Respite Supports (24 hours or greater)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	4
Other Transportation Service	1

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	3
Support to engage in work/activities in a disability setting	4



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**County: Jefferson**

**Reason for PUNS or PUNS Update**

New	4
Annual Update	10
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	62
Moved to another state, close PUNS	2
Person withdraws, close PUNS	8
Deceased	4
Unable to locate	1
Other, close PUNS	20

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1
2. Person has a care giver (age 60+) and will need supports within the next year.	5
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	8
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	6
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	8
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	3

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	4
Occupational Therapy	4
Speech Therapy	7
Education	10
Assistive Technology	7
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	3
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8
Medical Equipment/Supplies	3
Other Individual Supports	13

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	16
Senior Adult Day Services	2
Developmental Training	7
"Regular Work"/Sheltered Employment	1
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**



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Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
State Operated Developmental Center (SODC)	1
Assisted Living Facility	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	14
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	7
Occupational Therapy	7
Speech Therapy	7
Assistive Technology	12
Adaptations to Home or Vehicle	7
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	15

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	13
Other Transportation Service	12

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	2
Support to work in the community	11
Support to engage in work/activities in a disability setting	11
Attendance at activity center for seniors	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	8



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**County: Jersey**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	27
Change of category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	2
Deceased	1
Other, close PUNS	63

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	6
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
2. Death of the care giver with no other supports available.	2
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	18
2. Person has a care giver (age 60+) and will need supports within the next year.	1
3. Person has an ill care giver who will be unable to continue providing care within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
7. Person has a care giver who would be unable to work if services are not provided.	9
8. Person or care giver needs an alternative living arrangement.	10
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	30
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	5

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	40
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	2
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	19
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	11
Occupational Therapy	11
Speech Therapy	22



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Education	28
Assistive Technology	6
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	3
Other Individual Supports	5

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	18
Other Transportation Service	2
Developmental Training	25
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	6
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Shelter Care/Board Home	1
Nursing Home	1
Other Residential Support (including homeless shelters)	3

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	23
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	2
Occupational Therapy	2
Speech Therapy	3
Assistive Technology	2
Adaptations to Home or Vehicle	2
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	12
Other Transportation Service	3

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	2
Support to work in the community	8
Support to engage in work/activities in a disability setting	15

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	9



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**County: Jo Daviess**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	21
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	38
Moved to another state, close PUNS	3
Person withdraws, close PUNS	7
Deceased	1
Individual Determined Clinically Ineligible	1
Individual Determined Financially Ineligible	1
Other, supports still needed	2
Other, close PUNS	5

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	5
2. Person has a care giver (age 60+) and will need supports within the next year.	3
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	4
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
7. Person has a care giver who would be unable to work if services are not provided.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	10
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	8

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	3
8. Person or care giver needs increased supports.	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	5
Occupational Therapy	6
Speech Therapy	7
Education	11
Assistive Technology	4
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	12





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Medical Equipment/Supplies	5
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	24

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	19
Other Transportation Service	42
Developmental Training	34
"Regular Work"/Sheltered Employment	5
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	3
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/24 Hour	14
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Nursing Home	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	22
Respite Supports (24 hours or greater)	11
Behavioral Supports (includes behavioral intervention, therapy and counseling)	6
Physical Therapy	2
Occupational Therapy	2
Speech Therapy	6
Assistive Technology	4
Adaptations to Home or Vehicle	3
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	8

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	7
Other Transportation Service	24

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	18
Support to engage in work/activities in a disability setting	18

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	4





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**County: Johnson**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	11
Person is fully served or is not requesting any supports within the next five (5) years	35
Person withdraws, close PUNS	13
Other, close PUNS	4

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	3
2. Person has a care giver (age 60+) and will need supports within the next year.	2
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	3
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	10
21. Person needs services within the next year for some other reason, specify:	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

8. Person or care giver needs increased supports.	4
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**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Speech Therapy	2
Education	5
Assistive Technology	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	7
Medical Equipment/Supplies	1
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	2

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	2
Other Transportation Service	6
Developmental Training	10
Supported Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	4

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	13
Respite Supports (24 hours or greater)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	2



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Occupational Therapy	3
Speech Therapy	1
Assistive Technology	2
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	4

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	9
Support to engage in work/activities in a disability setting	11
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	5
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**County: Kane**

**Reason for PUNS or PUNS Update**

New	92
Annual Update	610
Change of category (Emergency, Planning, or Critical)	21
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	16
Person is fully served or is not requesting any supports within the next five (5) years	432
Moved to another state, close PUNS	65
Person withdraws, close PUNS	59
Deceased	47
Individual Stayed in ICF/DD	2
Individual Moved to ICF/DD	8
Individual Determined Clinically Ineligible	19
Individual Determined Financially Ineligible	2
Incorrect SSN	8
Unable to locate	69
Other, supports still needed	2
Other, close PUNS	436

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	21
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	8

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	26
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	7
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	20
6. Other crisis, Specify:	46

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	170
2. Person has a care giver (age 60+) and will need supports within the next year.	126
3. Person has an ill care giver who will be unable to continue providing care within the next year.	41
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	146
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	43
6. There has been a death or other family crisis, requiring additional supports.	43
7. Person has a care giver who would be unable to work if services are not provided.	158
8. Person or care giver needs an alternative living arrangement.	52
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	360
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	6
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	10
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	5
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	4



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15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	4
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	5
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
20. Person wants to leave current setting within the next year.	18
21. Person needs services within the next year for some other reason, specify:	87

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	346
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	11
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	10
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	3
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	3
8. Person or care giver needs increased supports.	58
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	3
14. Other, Explain:	58

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	7
Respite Supports (<24 hour)	27
Behavioral Supports (includes behavioral intervention, therapy and counseling)	347
Physical Therapy	232
Occupational Therapy	353
Speech Therapy	443
Education	563
Assistive Technology	246
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	146
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	283
Medical Equipment/Supplies	262
Nursing Services in the Home, Provided Intermittently	32
Other Individual Supports	530

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	180
Other Transportation Service	820
Senior Adult Day Services	2
Developmental Training	261
"Regular Work"/Sheltered Employment	84
Supported Employment	38
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	68
Other Day Supports (e.g. volunteering, community experience)	301

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	20
Community Integrated Living Arrangement (CILA)/Intermittent	29



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Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	114
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	20
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	23
Skilled Nursing Facility/Pediatrics (SNF/PED)	3
State Operated Developmental Center (SODC)	2
State Operated Mental Health Hospital (SOMHH)	1
Supported Living Arrangement	11
Nursing Home	10
Assisted Living Facility	1
Children's Residential Services	12
Child Care Institutions (Including Residential Schools)	11
Other Residential Support (including homeless shelters)	60

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	734
Respite Supports (24 hours or greater)	80
Behavioral Supports (includes behavioral intervention, therapy and counseling)	244
Physical Therapy	182
Occupational Therapy	246
Speech Therapy	319
Assistive Technology	173
Adaptations to Home or Vehicle	103
Nursing Services in the Home, Provided Intermittently	19
Other Individual Supports	374

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	317
Other Transportation Service	547

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	3
Support to work in the community	319
Support to engage in work/activities in a disability setting	322
Attendance at activity center for seniors	4

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	164
Out-of-home residential services with 24-hour supports	305



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**County: Kankakee**

**Reason for PUNS or PUNS Update**

New	38
Annual Update	137
Change of category (Emergency, Planning, or Critical)	3
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	4
Person is fully served or is not requesting any supports within the next five (5) years	278
Moved to another state, close PUNS	12
Person withdraws, close PUNS	10
Deceased	15
Individual Stayed in ICF/DD	9
Individual Determined Clinically Ineligible	1
Unable to locate	38
Other, supports still needed	3
Other, close PUNS	88

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	16
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	37
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	11
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	31

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	26
2. Death of the care giver with no other supports available.	4
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	7
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	13
6. Other crisis, Specify:	63

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	150
2. Person has a care giver (age 60+) and will need supports within the next year.	53
3. Person has an ill care giver who will be unable to continue providing care within the next year.	22
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	83
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	33
6. There has been a death or other family crisis, requiring additional supports.	44
7. Person has a care giver who would be unable to work if services are not provided.	98
8. Person or care giver needs an alternative living arrangement.	59
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	126
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	11
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	95
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	23
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	2
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1





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17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	2
19. Person is leaving jail, prison or other criminal justice setting in the next year.	4
20. Person wants to leave current setting within the next year.	108
21. Person needs services within the next year for some other reason, specify:	109

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	103
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	5
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	5
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	68
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
14. Other, Explain:	15

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	21
Respite Supports (<24 hour)	16
Behavioral Supports (includes behavioral intervention, therapy and counseling)	210
Physical Therapy	64
Occupational Therapy	81
Speech Therapy	104
Education	153
Assistive Technology	74
Homemaker/Chore Services	11
Adaptions to Home or Vehicle	8
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	60
Medical Equipment/Supplies	68
Nursing Services in the Home, Provided Intermittently	47
Other Individual Supports	207

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	147
Other Transportation Service	322
Senior Adult Day Services	3
Developmental Training	239
"Regular Work"/Sheltered Employment	33
Supported Employment	9
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	11
Other Day Supports (e.g. volunteering, community experience)	63

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	42
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	18
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	111
State Operated Mental Health Hospital (SOMHH)	1





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Community Living Facility	1
Shelter Care/Board Home	6
Nursing Home	3
Children's Residential Services	14
Child Care Institutions (Including Residential Schools)	5
Children's Foster Care	10
Other Residential Support (including homeless shelters)	14

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	184
Respite Supports (24 hours or greater)	73
Behavioral Supports (includes behavioral intervention, therapy and counseling)	128
Physical Therapy	60
Occupational Therapy	75
Speech Therapy	84
Assistive Technology	100
Adaptations to Home or Vehicle	37
Nursing Services in the Home, Provided Intermittently	26
Other Individual Supports	167

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	119
Other Transportation Service	191

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	11
Support to work in the community	104
Support to engage in work/activities in a disability setting	164
Attendance at activity center for seniors	3

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	62
Out-of-home residential services with 24-hour supports	100



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**County: Kendall**

**Reason for PUNS or PUNS Update**

New	28
Annual Update	188
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	92
Moved to another state, close PUNS	22
Person withdraws, close PUNS	7
Deceased	10
Individual Determined Clinically Ineligible	1
Incorrect SSN	3
Unable to locate	11
Other, supports still needed	2
Other, close PUNS	74

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	2
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	5

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	7

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	42
2. Person has a care giver (age 60+) and will need supports within the next year.	22
3. Person has an ill care giver who will be unable to continue providing care within the next year.	7
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	51
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	7
6. There has been a death or other family crisis, requiring additional supports.	9
7. Person has a care giver who would be unable to work if services are not provided.	42
8. Person or care giver needs an alternative living arrangement.	5
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	76
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	2
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	21

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	91
8. Person or care giver needs increased supports.	12
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	5



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**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	2
Respite Supports (<24 hour)	4
Behavioral Supports (includes behavioral intervention, therapy and counseling)	99
Physical Therapy	67
Occupational Therapy	117
Speech Therapy	144
Education	169
Assistive Technology	88
Adaptions to Home or Vehicle	45
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	44
Medical Equipment/Supplies	68
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	150

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	41
Other Transportation Service	189
Developmental Training	35
"Regular Work"/Sheltered Employment	17
Supported Employment	3
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	9
Other Day Supports (e.g. volunteering, community experience)	71

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/24 Hour	15
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Community Living Facility	1
Children's Residential Services	1
Child Care Institutions (Including Residential Schools)	4
Other Residential Support (including homeless shelters)	7

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	221
Respite Supports (24 hours or greater)	31
Behavioral Supports (includes behavioral intervention, therapy and counseling)	88
Physical Therapy	59
Occupational Therapy	90
Speech Therapy	100
Assistive Technology	55
Adaptations to Home or Vehicle	41
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	119

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	88
Other Transportation Service	154

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	82
Support to engage in work/activities in a disability setting	79



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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	33
Out-of-home residential services with 24-hour supports	67



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**County: Knox**

**Reason for PUNS or PUNS Update**

New	8
Annual Update	9
Change of category (Emergency, Planning, or Critical)	9
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	12
Person is fully served or is not requesting any supports within the next five (5) years	275
Moved to another state, close PUNS	5
Person withdraws, close PUNS	27
Deceased	24
Individual Stayed in ICF/DD	2
Individual Moved to ICF/DD	7
Unable to locate	3
Other, supports still needed	1
Other, close PUNS	36

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	5
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	10
2. Person has a care giver (age 60+) and will need supports within the next year.	8
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	8
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	10
8. Person or care giver needs an alternative living arrangement.	7
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	18
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
20. Person wants to leave current setting within the next year.	6
21. Person needs services within the next year for some other reason, specify:	10

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	5
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	2
8. Person or care giver needs increased supports.	4
14. Other, Explain:	2

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	2
Respite Supports (<24 hour)	4
Behavioral Supports (includes behavioral intervention, therapy and counseling)	52
Physical Therapy	27
Occupational Therapy	15
Speech Therapy	23
Education	32
Assistive Technology	13
Homemaker/Chore Services	5
Adaptions to Home or Vehicle	5



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Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	26
Medical Equipment/Supplies	23
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	12

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	294
Other Transportation Service	46
Senior Adult Day Services	4
Developmental Training	262
"Regular Work"/Sheltered Employment	28
Supported Employment	5
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	4
Other Day Supports (e.g. volunteering, community experience)	73

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/24 Hour	224
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	38
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	7
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Supported Living Arrangement	1
Nursing Home	17
Children's Residential Services	1
Children's Foster Care	4
Other Residential Support (including homeless shelters)	16

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	25
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	19
Physical Therapy	15
Occupational Therapy	12
Speech Therapy	19
Assistive Technology	9
Adaptations to Home or Vehicle	3
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	7

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	39
Other Transportation Service	7

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	23
Support to engage in work/activities in a disability setting	33
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	26



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**County: La Salle**

**Reason for PUNS or PUNS Update**

New	18
Annual Update	108
Change of category (Emergency, Planning, or Critical)	3
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	169
Moved to another state, close PUNS	12
Person withdraws, close PUNS	17
Deceased	10
Unable to locate	9
Other, close PUNS	30

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	2
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	6
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	7

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	37
2. Person has a care giver (age 60+) and will need supports within the next year.	23
3. Person has an ill care giver who will be unable to continue providing care within the next year.	7
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	21
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	8
6. There has been a death or other family crisis, requiring additional supports.	7
7. Person has a care giver who would be unable to work if services are not provided.	32
8. Person or care giver needs an alternative living arrangement.	11
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	59
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
20. Person wants to leave current setting within the next year.	12
21. Person needs services within the next year for some other reason, specify:	26

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	50
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	2
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	19
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
14. Other, Explain:	8

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	6
Respite Supports (<24 hour)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	50





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Physical Therapy	15
Occupational Therapy	23
Speech Therapy	26
Education	62
Assistive Technology	25
Homemaker/Chore Services	7
Adaptions to Home or Vehicle	8
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	45
Medical Equipment/Supplies	11
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	74

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	142
Other Transportation Service	92
Senior Adult Day Services	2
Developmental Training	128
"Regular Work"/Sheltered Employment	38
Supported Employment	16
Other Day Supports (e.g. volunteering, community experience)	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/24 Hour	39
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	5
Supported Living Arrangement	10
Community Living Facility	1
Shelter Care/Board Home	1
Nursing Home	8
Children's Residential Services	1
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	102
Respite Supports (24 hours or greater)	27
Behavioral Supports (includes behavioral intervention, therapy and counseling)	34
Physical Therapy	24
Occupational Therapy	29
Speech Therapy	27
Assistive Technology	28
Adaptations to Home or Vehicle	12
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	8

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	81
Other Transportation Service	61

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	57
Support to engage in work/activities in a disability setting	78



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Attendance at activity center for seniors	3
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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	11
Out-of-home residential services with 24-hour supports	66



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**County: Lake**

**Reason for PUNS or PUNS Update**

New	148
Annual Update	42
Change of category (Emergency, Planning, or Critical)	107
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	258
Person is fully served or is not requesting any supports within the next five (5) years	543
Moved to another state, close PUNS	93
Person withdraws, close PUNS	32
Deceased	84
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	27
Individual Determined Clinically Ineligible	4
Incorrect SSN	4
Unable to locate	244
Other, supports still needed	802
Other, close PUNS	176

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	8
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	9
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	3
6. Other crisis, Specify:	17

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	572
2. Person has a care giver (age 60+) and will need supports within the next year.	175
3. Person has an ill care giver who will be unable to continue providing care within the next year.	67
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	297
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	97
6. There has been a death or other family crisis, requiring additional supports.	30
7. Person has a care giver who would be unable to work if services are not provided.	328
8. Person or care giver needs an alternative living arrangement.	60
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	383
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	12
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	5
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	6
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
20. Person wants to leave current setting within the next year.	27
21. Person needs services within the next year for some other reason, specify:	185



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**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	528
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	84
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	1
14. Other, Explain:	36

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	11
Respite Supports (<24 hour)	35
Behavioral Supports (includes behavioral intervention, therapy and counseling)	571
Physical Therapy	341
Occupational Therapy	601
Speech Therapy	693
Education	791
Assistive Technology	347
Homemaker/Chore Services	15
Adaptions to Home or Vehicle	101
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	593
Medical Equipment/Supplies	197
Nursing Services in the Home, Provided Intermittently	19
Other Individual Supports	849

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	428
Other Transportation Service	1,304
Senior Adult Day Services	10
Developmental Training	421
"Regular Work"/Sheltered Employment	149
Supported Employment	71
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	66
Other Day Supports (e.g. volunteering, community experience)	498

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	30
Community Integrated Living Arrangement (CILA)/Intermittent	30
Community Integrated Living Arrangement (CILA)/Host Family	9
Community Integrated Living Arrangement (CILA)/24 Hour	144
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	29
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	49
Skilled Nursing Facility/Pediatrics (SNF/PED)	6
State Operated Developmental Center (SODC)	16
State Operated Mental Health Hospital (SOMHH)	1
Supported Living Arrangement	2
Community Living Facility	125
Nursing Home	7
Children's Residential Services	5
Child Care Institutions (Including Residential Schools)	3



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Other Residential Support (including homeless shelters)	97
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	1,089
Respite Supports (24 hours or greater)	430
Behavioral Supports (includes behavioral intervention, therapy and counseling)	617
Physical Therapy	408
Occupational Therapy	692
Speech Therapy	756
Assistive Technology	532
Adaptations to Home or Vehicle	215
Nursing Services in the Home, Provided Intermittently	42
Other Individual Supports	922

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	868
Other Transportation Service	1,064

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	204
Support to work in the community	696
Support to engage in work/activities in a disability setting	652
Attendance at activity center for seniors	10

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	156
Out-of-home residential services with 24-hour supports	547



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**County: Lawrence**

**Reason for PUNS or PUNS Update**

Annual Update	12
Change of category (Emergency, Planning, or Critical)	3
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	23
Moved to another state, close PUNS	2
Person withdraws, close PUNS	8
Deceased	6
Other, close PUNS	3

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	1
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	7
21. Person needs services within the next year for some other reason, specify:	9

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	7
8. Person or care giver needs increased supports.	2

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Physical Therapy	2
Occupational Therapy	2
Speech Therapy	2
Education	2
Assistive Technology	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	1
Other Individual Supports	3

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	10
Other Transportation Service	4
Developmental Training	10
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	12
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	1
Occupational Therapy	2
Speech Therapy	3



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Assistive Technology	4
Adaptations to Home or Vehicle	1
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	7
Other Transportation Service	7

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	4
Support to engage in work/activities in a disability setting	8

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	6
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**County: Lee**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	37
Change of category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	130
Moved to another state, close PUNS	5
Person withdraws, close PUNS	5
Deceased	3
Individual Determined Clinically Ineligible	1
Unable to locate	2
Other, close PUNS	9

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	9
2. Person has a care giver (age 60+) and will need supports within the next year.	9
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	8
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	4
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	7
8. Person or care giver needs an alternative living arrangement.	9
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	17
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	8

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	15
4. Person wishes to move to a different geographic location in Illinois.	1
8. Person or care giver needs increased supports.	14
14. Other, Explain:	5

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	11
Behavioral Supports (includes behavioral intervention, therapy and counseling)	36
Physical Therapy	10
Occupational Therapy	8
Speech Therapy	14
Education	18
Assistive Technology	12
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	37
Medical Equipment/Supplies	7
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	74

**TRANSPORTATION**



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Transportation (include trip/mileage reimbursement)	94
Other Transportation Service	44
Developmental Training	115
"Regular Work"/Sheltered Employment	9
Supported Employment	2
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/24 Hour	25
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	52
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
State Operated Developmental Center (SODC)	9
Supported Living Arrangement	1
Children's Residential Services	1
Child Care Institutions (Including Residential Schools)	1
Children's Foster Care	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	34
Respite Supports (24 hours or greater)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	13
Physical Therapy	12
Occupational Therapy	10
Speech Therapy	9
Assistive Technology	14
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	10

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	18
Other Transportation Service	19

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	3
Support to work in the community	13
Support to engage in work/activities in a disability setting	24

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	4
Out-of-home residential services with 24-hour supports	21



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**County: Livingston**

**Reason for PUNS or PUNS Update**

New	11
Annual Update	33
Change of category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	81
Moved to another state, close PUNS	9
Person withdraws, close PUNS	26
Deceased	25
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	4
Incorrect SSN	3
Unable to locate	15
Other, close PUNS	73

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	5
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	3
6. Other crisis, Specify:	3

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	36
2. Person has a care giver (age 60+) and will need supports within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	7
8. Person or care giver needs an alternative living arrangement.	10
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	29
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	2
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	4
21. Person needs services within the next year for some other reason, specify:	4

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	13
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	6
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3
4. Person wishes to move to a different geographic location in Illinois.	1



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5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
8. Person or care giver needs increased supports.	13
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	10
Physical Therapy	13
Occupational Therapy	15
Speech Therapy	15
Education	21
Assistive Technology	9
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	5
Nursing Services in the Home, Provided Intermittently	10
Other Individual Supports	3

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	46
Other Transportation Service	2
Senior Adult Day Services	1
Developmental Training	32
"Regular Work"/Sheltered Employment	2
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	5
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/24 Hour	23
State Operated Developmental Center (SODC)	2
Nursing Home	2
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	46
Respite Supports (24 hours or greater)	8
Behavioral Supports (includes behavioral intervention, therapy and counseling)	9
Physical Therapy	8
Occupational Therapy	7
Speech Therapy	9
Assistive Technology	9
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	36
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	4
Support to work in the community	31
Support to engage in work/activities in a disability setting	36
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	5
Out-of-home residential services with 24-hour supports	16



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**County: Logan**

**Reason for PUNS or PUNS Update**

New	7
Annual Update	32
Change of category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	28
Moved to another state, close PUNS	1
Person withdraws, close PUNS	12
Deceased	29
Individual Moved to ICF/DD	4
Individual Determined Clinically Ineligible	1
Unable to locate	1
Other, close PUNS	113

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	2
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	4
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	4

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	6
2. Death of the care giver with no other supports available.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	2
6. Other crisis, Specify:	14

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	21
2. Person has a care giver (age 60+) and will need supports within the next year.	13
3. Person has an ill care giver who will be unable to continue providing care within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	13
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	6
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	15
8. Person or care giver needs an alternative living arrangement.	16
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	33
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
20. Person wants to leave current setting within the next year.	14
21. Person needs services within the next year for some other reason, specify:	37

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	34
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	7
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	4
4. Person wishes to move to a different geographic location in Illinois.	1





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5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	24
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	48

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	5
Respite Supports (<24 hour)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	31
Physical Therapy	12
Occupational Therapy	16
Speech Therapy	21
Education	30
Assistive Technology	13
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	22
Medical Equipment/Supplies	15
Nursing Services in the Home, Provided Intermittently	10
Other Individual Supports	10

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	79
Other Transportation Service	26
Senior Adult Day Services	1
Developmental Training	89
"Regular Work"/Sheltered Employment	25
Supported Employment	22
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	6
Other Day Supports (e.g. volunteering, community experience)	6

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	2
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	63
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	20
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Nursing Home	3
Children's Residential Services	3
Other Residential Support (including homeless shelters)	4

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	30
Respite Supports (24 hours or greater)	10
Behavioral Supports (includes behavioral intervention, therapy and counseling)	15
Physical Therapy	12
Occupational Therapy	9
Speech Therapy	9
Assistive Technology	5
Adaptations to Home or Vehicle	6
Nursing Services in the Home, Provided Intermittently	1





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Other Individual Supports	4
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	17
Other Transportation Service	9
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	26
Support to engage in work/activities in a disability setting	20
Attendance at activity center for seniors	1
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	12
Out-of-home residential services with 24-hour supports	18



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**County: Macon**

**Reason for PUNS or PUNS Update**

New	33
Annual Update	101
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	279
Moved to another state, close PUNS	16
Person withdraws, close PUNS	12
Deceased	24
Individual Moved to ICF/DD	1
Individual Determined Clinically Ineligible	2
Incorrect SSN	1
Unable to locate	14
Other, close PUNS	110

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	2
2. Death of the care giver with no other supports available.	1
3. Person has been committed by the court or is at risk of incarceration.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
6. Other crisis, Specify:	8

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	28
2. Person has a care giver (age 60+) and will need supports within the next year.	33
3. Person has an ill care giver who will be unable to continue providing care within the next year.	8
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	17
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	13
6. There has been a death or other family crisis, requiring additional supports.	7
7. Person has a care giver who would be unable to work if services are not provided.	36
8. Person or care giver needs an alternative living arrangement.	16
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	75
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	2
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	3
21. Person needs services within the next year for some other reason, specify:	31

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	16
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3



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7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	88
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	1
14. Other, Explain:	61

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	5
Respite Supports (<24 hour)	16
Behavioral Supports (includes behavioral intervention, therapy and counseling)	75
Physical Therapy	57
Occupational Therapy	59
Speech Therapy	87
Education	114
Assistive Technology	31
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	16
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	67
Medical Equipment/Supplies	22
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	120

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	213
Other Transportation Service	102
Senior Adult Day Services	5
Developmental Training	249
"Regular Work"/Sheltered Employment	16
Supported Employment	3
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	18

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	22
Community Integrated Living Arrangement (CILA)/24 Hour	120
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	32
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	3
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	2
Supported Living Arrangement	2
Nursing Home	4
Children's Residential Services	2
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	8

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	130
Respite Supports (24 hours or greater)	22
Behavioral Supports (includes behavioral intervention, therapy and counseling)	39
Physical Therapy	32
Occupational Therapy	37
Speech Therapy	51



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Assistive Technology	32
Adaptations to Home or Vehicle	14
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	53

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	98
Other Transportation Service	54

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	42
Support to engage in work/activities in a disability setting	80

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	12
Out-of-home residential services with 24-hour supports	31



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**County: Macoupin**

**Reason for PUNS or PUNS Update**

New	8
Annual Update	52
Change of category (Emergency, Planning, or Critical)	8
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	2
Moved to another state, close PUNS	1
Person withdraws, close PUNS	1
Deceased	2
Other, close PUNS	140

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	5

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	4
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	2

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	38
2. Person has a care giver (age 60+) and will need supports within the next year.	18
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	13
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	22
8. Person or care giver needs an alternative living arrangement.	8
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	37
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
20. Person wants to leave current setting within the next year.	4
21. Person needs services within the next year for some other reason, specify:	75

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	68
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	3
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	4
4. Person wishes to move to a different geographic location in Illinois.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	85
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2



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14. Other, Explain: 17

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	3
Respite Supports (<24 hour)	4
Behavioral Supports (includes behavioral intervention, therapy and counseling)	13
Physical Therapy	21
Occupational Therapy	29
Speech Therapy	38
Education	53
Assistive Technology	12
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	38
Other Individual Supports	7

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	24
Other Transportation Service	10
Senior Adult Day Services	1
Developmental Training	64
"Regular Work"/Sheltered Employment	4
Supported Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	7
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	2
Shelter Care/Board Home	1
Nursing Home	3
Children's Residential Services	1
Other Residential Support (including homeless shelters)	8

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	52
Respite Supports (24 hours or greater)	4
Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Occupational Therapy	1
Speech Therapy	1
Assistive Technology	1
Adaptations to Home or Vehicle	1
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	6
Other Transportation Service	3

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	19
Support to engage in work/activities in a disability setting	31



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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	41





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**County: Madison**

**Reason for PUNS or PUNS Update**

New	53
Annual Update	259
Change of category (Emergency, Planning, or Critical)	20
Person is fully served or is not requesting any supports within the next five (5) years	39
Moved to another state, close PUNS	21
Person withdraws, close PUNS	39
Deceased	21
Individual Stayed in ICF/DD	5
Individual Moved to ICF/DD	3
Individual Determined Clinically Ineligible	1
Unable to locate	5
Other, supports still needed	1
Other, close PUNS	490

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	5
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	128
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	84
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	58

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	12
3. Person has been committed by the court or is at risk of incarceration.	4
4. Person is living in a setting where there is suspicion of abuse or neglect.	6
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	7
6. Other crisis, Specify:	54

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	453
2. Person has a care giver (age 60+) and will need supports within the next year.	139
3. Person has an ill care giver who will be unable to continue providing care within the next year.	35
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	266
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	48
6. There has been a death or other family crisis, requiring additional supports.	166
7. Person has a care giver who would be unable to work if services are not provided.	269
8. Person or care giver needs an alternative living arrangement.	89
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	258
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	3
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	65
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	6
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	5
19. Person is leaving jail, prison or other criminal justice setting in the next year.	2
20. Person wants to leave current setting within the next year.	40
21. Person needs services within the next year for some other reason, specify:	408



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**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	84
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	20
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	29
4. Person wishes to move to a different geographic location in Illinois.	9
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	198
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	1
14. Other, Explain:	45

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	14
Respite Supports (<24 hour)	66
Behavioral Supports (includes behavioral intervention, therapy and counseling)	228
Physical Therapy	108
Occupational Therapy	175
Speech Therapy	231
Education	323
Assistive Technology	152
Homemaker/Chore Services	14
Adaptions to Home or Vehicle	79
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	189
Medical Equipment/Supplies	233
Nursing Services in the Home, Provided Intermittently	72
Other Individual Supports	125

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	73
Other Transportation Service	523
Senior Adult Day Services	11
Developmental Training	228
"Regular Work"/Sheltered Employment	23
Supported Employment	19
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	87
Other Day Supports (e.g. volunteering, community experience)	163

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	6
Community Integrated Living Arrangement (CILA)/24 Hour	90
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	40
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	26
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	8
State Operated Mental Health Hospital (SOMHH)	6
Community Living Facility	1
Shelter Care/Board Home	6



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Nursing Home	5
Assisted Living Facility	2
Child Care Institutions (Including Residential Schools)	1
Children's Foster Care	1
Other Residential Support (including homeless shelters)	13

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	295
Respite Supports (24 hours or greater)	75
Behavioral Supports (includes behavioral intervention, therapy and counseling)	156
Physical Therapy	109
Occupational Therapy	168
Speech Therapy	182
Assistive Technology	113
Adaptations to Home or Vehicle	80
Nursing Services in the Home, Provided Intermittently	21
Other Individual Supports	85

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	109
Other Transportation Service	229

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	5
Support to work in the community	135
Support to engage in work/activities in a disability setting	201
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	20
Out-of-home residential services with 24-hour supports	107



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**County: Marion**

**Reason for PUNS or PUNS Update**

New	11
Annual Update	29
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	69
Moved to another state, close PUNS	7
Person withdraws, close PUNS	12
Other, close PUNS	33

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	2
6. Other crisis, Specify:	4

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	21
2. Person has a care giver (age 60+) and will need supports within the next year.	8
3. Person has an ill care giver who will be unable to continue providing care within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	12
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	12
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	16
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	28

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	5
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	4
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	23
Physical Therapy	3
Occupational Therapy	7
Speech Therapy	9
Education	17
Assistive Technology	8
Adaptions to Home or Vehicle	3
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8



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Medical Equipment/Supplies	8
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	44

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	12
Other Transportation Service	23
Senior Adult Day Services	1
Developmental Training	19
"Regular Work"/Sheltered Employment	4
Supported Employment	2
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/24 Hour	5
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	4
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	4
Nursing Home	1
Children's Residential Services	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	34
Respite Supports (24 hours or greater)	17
Behavioral Supports (includes behavioral intervention, therapy and counseling)	21
Physical Therapy	5
Occupational Therapy	12
Speech Therapy	15
Assistive Technology	17
Adaptations to Home or Vehicle	11
Other Individual Supports	37

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	30
Other Transportation Service	30

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	25
Support to engage in work/activities in a disability setting	22

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	5
Out-of-home residential services with 24-hour supports	12



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**County: Marshall**

**Reason for PUNS or PUNS Update**

Annual Update	8
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	10
Person withdraws, close PUNS	5
Other, close PUNS	2

**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	1
7. Person has a care giver who would be unable to work if services are not provided.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	5
21. Person needs services within the next year for some other reason, specify:	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	5
8. Person or care giver needs increased supports.	2
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	1
Occupational Therapy	3
Speech Therapy	2
Education	4
Assistive Technology	3
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	5
Medical Equipment/Supplies	3
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	9
Other Transportation Service	6
Developmental Training	5
"Regular Work"/Sheltered Employment	1
Supported Employment	1
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/24 Hour	2
Nursing Home	3
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	7
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4



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Physical Therapy	2
Occupational Therapy	3
Speech Therapy	3
Assistive Technology	4
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	7
Other Transportation Service	4

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	5
Support to engage in work/activities in a disability setting	8

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	6
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**County: Mason**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	20
Change of category (Emergency, Planning, or Critical)	5
Person is fully served or is not requesting any supports within the next five (5) years	13
Moved to another state, close PUNS	4
Person withdraws, close PUNS	2
Deceased	9
Unable to locate	3
Other, close PUNS	41

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	3
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	4
2. Death of the care giver with no other supports available.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	3

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	10
2. Person has a care giver (age 60+) and will need supports within the next year.	15
3. Person has an ill care giver who will be unable to continue providing care within the next year.	5
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	11
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	11
8. Person or care giver needs an alternative living arrangement.	7
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	27
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	9

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	23
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	16
14. Other, Explain:	12

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	18
Physical Therapy	5
Occupational Therapy	7
Speech Therapy	10
Education	20
Assistive Technology	7



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Homemaker/Chore Services	3
Adaptions to Home or Vehicle	5
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	12
Medical Equipment/Supplies	7
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	5

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	24
Other Transportation Service	5
Senior Adult Day Services	1
Developmental Training	31
"Regular Work"/Sheltered Employment	9
Supported Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	29
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	25
Respite Supports (24 hours or greater)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	15
Physical Therapy	6
Occupational Therapy	6
Speech Therapy	6
Assistive Technology	6
Adaptations to Home or Vehicle	2
Other Individual Supports	3

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	21
Other Transportation Service	7

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	19
Support to engage in work/activities in a disability setting	24

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	8
Out-of-home residential services with 24-hour supports	17



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**County: Massac**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	4
Person is fully served or is not requesting any supports within the next five (5) years	51
Moved to another state, close PUNS	3
Person withdraws, close PUNS	8
Deceased	3
Other, close PUNS	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1
2. Person has a care giver (age 60+) and will need supports within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	1
7. Person has a care giver who would be unable to work if services are not provided.	2
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	2
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**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	6
Speech Therapy	1
Education	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	1
Other Individual Supports	7

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1
Other Transportation Service	6
Developmental Training	11
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	8
State Operated Developmental Center (SODC)	1
Nursing Home	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	6
Respite Supports (24 hours or greater)	3



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Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	2
Occupational Therapy	1
Speech Therapy	2
Assistive Technology	2
Other Individual Supports	1
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	1
Other Transportation Service	4
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	2
Support to engage in work/activities in a disability setting	4
Attendance at activity center for seniors	1
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with 24-hour supports	3



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**County: Mc Donough**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	7
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	60
Moved to another state, close PUNS	6
Person withdraws, close PUNS	13
Deceased	2
Individual Determined Clinically Ineligible	2
Unable to locate	5
Other, close PUNS	18

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
7. Person has a care giver who would be unable to work if services are not provided.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	4

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1
8. Person or care giver needs increased supports.	2

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	29
Physical Therapy	4
Occupational Therapy	3
Speech Therapy	10
Education	13
Assistive Technology	1
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	19
Medical Equipment/Supplies	4
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	63
Other Transportation Service	14
Developmental Training	55
"Regular Work"/Sheltered Employment	3
Supported Employment	6
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1



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Community Integrated Living Arrangement (CILA)/24 Hour	34
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	1
Supported Living Arrangement	5
Nusing Home	6
Child Care Institutions (Including Residential Schools)	2
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	8
Respite Supports (24 hours or greater)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	2
Occupational Therapy	4
Speech Therapy	5
Assistive Technology	4
Adaptations to Home or Vehicle	1
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	10
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	2
Support to engage in work/activities in a disability setting	6

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	2
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**County: Mc Henry**

**Reason for PUNS or PUNS Update**

New	100
Annual Update	615
Change of category (Emergency, Planning, or Critical)	9
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	91
Moved to another state, close PUNS	55
Person withdraws, close PUNS	25
Deceased	46
Individual Moved to ICF/DD	8
Individual Determined Clinically Ineligible	3
Unable to locate	8
Other, supports still needed	7
Other, close PUNS	440

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	15
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	4

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	29
2. Death of the care giver with no other supports available.	5
4. Person is living in a setting where there is suspicion of abuse or neglect.	5
6. Other crisis, Specify:	25

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	361
2. Person has a care giver (age 60+) and will need supports within the next year.	80
3. Person has an ill care giver who will be unable to continue providing care within the next year.	22
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	93
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	32
6. There has been a death or other family crisis, requiring additional supports.	22
7. Person has a care giver who would be unable to work if services are not provided.	69
8. Person or care giver needs an alternative living arrangement.	25
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	298
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	7
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	4
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	3
20. Person wants to leave current setting within the next year.	17
21. Person needs services within the next year for some other reason, specify:	123

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	369
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2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	5
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	5
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	111
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	6
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	27
Respite Supports (<24 hour)	38
Behavioral Supports (includes behavioral intervention, therapy and counseling)	247
Physical Therapy	255
Occupational Therapy	338
Speech Therapy	385
Education	523
Assistive Technology	223
Homemaker/Chore Services	9
Adaptions to Home or Vehicle	77
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	214
Medical Equipment/Supplies	153
Nursing Services in the Home, Provided Intermittently	58
Other Individual Supports	210

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	262
Other Transportation Service	554
Senior Adult Day Services	28
Developmental Training	161
"Regular Work"/Sheltered Employment	84
Supported Employment	49
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	39
Other Day Supports (e.g. volunteering, community experience)	240

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	4
Community Integrated Living Arrangement (CILA)/Intermittent	17
Community Integrated Living Arrangement (CILA)/24 Hour	67
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	5
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	25
Skilled Nursing Facility/Pediatrics (SNF/PED)	2
Supported Living Arrangement	1
Community Living Facility	2
Nusing Home	7
Assisted Living Facility	2
Children's Residential Services	7



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Child Care Institutions (Including Residential Schools)	7
Other Residential Support (including homeless shelters)	12

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	419
Respite Supports (24 hours or greater)	377
Behavioral Supports (includes behavioral intervention, therapy and counseling)	290
Physical Therapy	298
Occupational Therapy	327
Speech Therapy	360
Assistive Technology	316
Adaptations to Home or Vehicle	128
Nursing Services in the Home, Provided Intermittently	32
Other Individual Supports	489

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	400
Other Transportation Service	508

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	27
Support to work in the community	405
Support to engage in work/activities in a disability setting	342
Attendance at activity center for seniors	7

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	139
Out-of-home residential services with 24-hour supports	428



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**County: Mc Lean**

**Reason for PUNS or PUNS Update**

New	45
Annual Update	163
Change of category (Emergency, Planning, or Critical)	17
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	43
Moved to another state, close PUNS	18
Person withdraws, close PUNS	16
Deceased	50
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	4
Individual Determined Clinically Ineligible	3
Incorrect SSN	1
Unable to locate	13
Other, supports still needed	1
Other, close PUNS	235

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	4
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	30
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	9

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	21
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	4
4. Person is living in a setting where there is suspicion of abuse or neglect.	8
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	9
6. Other crisis, Specify:	25

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	105
2. Person has a care giver (age 60+) and will need supports within the next year.	60
3. Person has an ill care giver who will be unable to continue providing care within the next year.	31
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	101
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	35
6. There has been a death or other family crisis, requiring additional supports.	24
7. Person has a care giver who would be unable to work if services are not provided.	108
8. Person or care giver needs an alternative living arrangement.	46
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	174
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	6
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	8
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	6
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1



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17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	3
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	3
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	42
21. Person needs services within the next year for some other reason, specify:	55

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	121
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	5
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	7
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	106
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	5
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	2
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	1
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	2
14. Other, Explain:	113

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	9
Respite Supports (<24 hour)	14
Behavioral Supports (includes behavioral intervention, therapy and counseling)	154
Physical Therapy	63
Occupational Therapy	98
Speech Therapy	149
Education	177
Assistive Technology	79
Homemaker/Chore Services	17
Adaptions to Home or Vehicle	21
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	102
Medical Equipment/Supplies	60
Nursing Services in the Home, Provided Intermittently	69
Other Individual Supports	73

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	142
Other Transportation Service	119
Senior Adult Day Services	4
Developmental Training	117
"Regular Work"/Sheltered Employment	29
Supported Employment	56
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	34
Other Day Supports (e.g. volunteering, community experience)	42

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	9
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Community Integrated Living Arrangement (CILA)/Intermittent	16
Community Integrated Living Arrangement (CILA)/Host Family	2
Community Integrated Living Arrangement (CILA)/24 Hour	112
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	5
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	2
Supported Living Arrangement	1
Community Living Facility	1
Shelter Care/Board Home	2
Nursing Home	4
Children's Residential Services	5
Child Care Institutions (Including Residential Schools)	6
Children's Foster Care	1
Other Residential Support (including homeless shelters)	31

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	223
Respite Supports (24 hours or greater)	111
Behavioral Supports (includes behavioral intervention, therapy and counseling)	112
Physical Therapy	46
Occupational Therapy	57
Speech Therapy	77
Assistive Technology	52
Adaptations to Home or Vehicle	45
Nursing Services in the Home, Provided Intermittently	9
Other Individual Supports	46

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	178
Other Transportation Service	120

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	10
Support to work in the community	177
Support to engage in work/activities in a disability setting	155
Attendance at activity center for seniors	8

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	79
Out-of-home residential services with 24-hour supports	139



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**County: Menard**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	11
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	6
Moved to another state, close PUNS	1
Person withdraws, close PUNS	1
Individual Moved to ICF/DD	1
Other, close PUNS	11

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	2
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
6. Other crisis, Specify:	3

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	7
2. Person has a care giver (age 60+) and will need supports within the next year.	5
3. Person has an ill care giver who will be unable to continue providing care within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	4
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	6
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	5
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
20. Person wants to leave current setting within the next year.	3
21. Person needs services within the next year for some other reason, specify:	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	8
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
8. Person or care giver needs increased supports.	9
14. Other, Explain:	5

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	5
Occupational Therapy	7
Speech Therapy	6
Education	12
Assistive Technology	2
Adaptions to Home or Vehicle	1





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Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	5
Medical Equipment/Supplies	2
Other Individual Supports	2

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	7
Other Transportation Service	3
Developmental Training	6
"Regular Work"/Sheltered Employment	1
Supported Employment	3
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	1
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	8
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	2
Occupational Therapy	3
Speech Therapy	1
Assistive Technology	1
Adaptations to Home or Vehicle	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	4
Other Transportation Service	3

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	5
Support to engage in work/activities in a disability setting	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	8





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**County: Mercer**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	10
Person is fully served or is not requesting any supports within the next five (5) years	14
Person withdraws, close PUNS	2
Other, close PUNS	11

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
3. Person has been committed by the court or is at risk of incarceration.	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	6
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	7
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	5
7. Person has a care giver who would be unable to work if services are not provided.	9
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	15
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	3
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	5

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	15
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	21
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	4

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	1
Occupational Therapy	6
Speech Therapy	6
Education	11



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Assistive Technology	3
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	7
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	6

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1
Other Transportation Service	4
Developmental Training	6
"Regular Work"/Sheltered Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	2
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Community Living Facility	1
Nursing Home	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	12
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	2
Occupational Therapy	4
Speech Therapy	4
Assistive Technology	6
Adaptations to Home or Vehicle	3
Other Individual Supports	2

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	9
Other Transportation Service	7

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	8
Support to engage in work/activities in a disability setting	4

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	4
Out-of-home residential services with 24-hour supports	4



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**County: Monroe**

**Reason for PUNS or PUNS Update**

New	5
Annual Update	25
Change of category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	34
Moved to another state, close PUNS	3
Person withdraws, close PUNS	5
Deceased	2
Other, close PUNS	9

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
7. Person has a care giver who would be unable to work if services are not provided.	9
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	15
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
20. Person wants to leave current setting within the next year.	3
21. Person needs services within the next year for some other reason, specify:	9

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	5
8. Person or care giver needs increased supports.	2
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	13
Physical Therapy	8
Occupational Therapy	9
Speech Therapy	10
Education	16
Assistive Technology	11
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	3
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	7
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	17



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**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	24
Other Transportation Service	6
Developmental Training	14
Supported Employment	2
Other Day Supports (e.g. volunteering, community experience)	10

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	9

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	29
Respite Supports (24 hours or greater)	18
Behavioral Supports (includes behavioral intervention, therapy and counseling)	15
Physical Therapy	11
Occupational Therapy	13
Speech Therapy	15
Assistive Technology	15
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	22

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	28
Other Transportation Service	6

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	2
Support to work in the community	18
Support to engage in work/activities in a disability setting	7

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	4
Out-of-home residential services with 24-hour supports	11



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**County: Montgomery**

**Reason for PUNS or PUNS Update**

New	4
Annual Update	29
Change of category (Emergency, Planning, or Critical)	5
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	8
Deceased	4
Other, close PUNS	99

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	4
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	5
2. Death of the care giver with no other supports available.	2
3. Person has been committed by the court or is at risk of incarceration.	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	24
2. Person has a care giver (age 60+) and will need supports within the next year.	9
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	8
8. Person or care giver needs an alternative living arrangement.	13
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	17
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	7
20. Person wants to leave current setting within the next year.	3
21. Person needs services within the next year for some other reason, specify:	42

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	40
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	8
4. Person wishes to move to a different geographic location in Illinois.	7
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
8. Person or care giver needs increased supports.	44
14. Other, Explain:	10

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	20
Occupational Therapy	21



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Speech Therapy	24
Education	43
Assistive Technology	6
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	13
Medical Equipment/Supplies	4
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	2

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	19
Other Transportation Service	3
Developmental Training	33
"Regular Work"/Sheltered Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	3
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	8
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	4
State Operated Developmental Center (SODC)	6
Shelter Care/Board Home	1
Nursing Home	3
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	26
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	1
Occupational Therapy	2
Speech Therapy	1
Assistive Technology	1
Adaptations to Home or Vehicle	2
Nursing Services in the Home, Provided Intermittently	2

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	1

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	11
Support to engage in work/activities in a disability setting	22

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	23





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**County: Morgan**

**Reason for PUNS or PUNS Update**

New	13
Annual Update	43
Change of category (Emergency, Planning, or Critical)	6
Person is fully served or is not requesting any supports within the next five (5) years	29
Person withdraws, close PUNS	1
Deceased	13
Unable to locate	1
Other, close PUNS	319

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	2
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	7
2. Death of the care giver with no other supports available.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	9

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	38
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	10
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	5
7. Person has a care giver who would be unable to work if services are not provided.	20
8. Person or care giver needs an alternative living arrangement.	38
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	65
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	7
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	36
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	7
20. Person wants to leave current setting within the next year.	13
21. Person needs services within the next year for some other reason, specify:	14

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	85
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	10
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	33





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4. Person wishes to move to a different geographic location in Illinois.	27
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
8. Person or care giver needs increased supports.	37
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	5
14. Other, Explain:	87

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	11
Behavioral Supports (includes behavioral intervention, therapy and counseling)	50
Physical Therapy	31
Occupational Therapy	22
Speech Therapy	39
Education	67
Assistive Technology	7
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	24
Medical Equipment/Supplies	23
Nursing Services in the Home, Provided Intermittently	21
Other Individual Supports	15

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	84
Other Transportation Service	43
Developmental Training	147
"Regular Work"/Sheltered Employment	8
Supported Employment	3
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	8
Other Day Supports (e.g. volunteering, community experience)	8

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	6
Community Integrated Living Arrangement (CILA)/24 Hour	56
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	19
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	6
State Operated Developmental Center (SODC)	35
Supported Living Arrangement	1
Nusing Home	2
Assisted Living Facility	2
Children's Residential Services	5
Child Care Institutions (Including Residential Schools)	9
Children's Foster Care	1
Other Residential Support (including homeless shelters)	8

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	44
Respite Supports (24 hours or greater)	11
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8



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Physical Therapy	6
Occupational Therapy	6
Speech Therapy	7
Assistive Technology	7
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	7

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	21
Other Transportation Service	5

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	2
Support to work in the community	22
Support to engage in work/activities in a disability setting	25

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	12
Out-of-home residential services with 24-hour supports	23



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**County: Moultrie**

**Reason for PUNS or PUNS Update**

New	6
Annual Update	27
Person is fully served or is not requesting any supports within the next five (5) years	72
Person withdraws, close PUNS	2
Deceased	5
Unable to locate	7
Other, close PUNS	16

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	2
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	10
2. Person has a care giver (age 60+) and will need supports within the next year.	3
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	11
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	20
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	2
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	10

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	9
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	1
8. Person or care giver needs increased supports.	19
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	12

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	34
Physical Therapy	19
Occupational Therapy	24
Speech Therapy	31
Education	26



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Assistive Technology	10
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	12
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	15
Medical Equipment/Supplies	8
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	28

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	65
Other Transportation Service	17
Senior Adult Day Services	1
Developmental Training	64
"Regular Work"/Sheltered Employment	8
Supported Employment	2
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	8
Community Integrated Living Arrangement (CILA)/24 Hour	37
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	12
Skilled Nursing Facility/Pediatrics (SNF/PED)	2
State Operated Developmental Center (SODC)	1
State Operated Mental Health Hospital (SOMHH)	1
Nursing Home	1
Other Residential Support (including homeless shelters)	5

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	30
Respite Supports (24 hours or greater)	8
Behavioral Supports (includes behavioral intervention, therapy and counseling)	6
Physical Therapy	3
Occupational Therapy	6
Speech Therapy	7
Assistive Technology	6
Adaptations to Home or Vehicle	1
Other Individual Supports	4

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	18
Other Transportation Service	8

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	8
Support to engage in work/activities in a disability setting	11

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	5
Out-of-home residential services with 24-hour supports	4



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**County: Ogle**

**Reason for PUNS or PUNS Update**

New	4
Annual Update	39
Change of category (Emergency, Planning, or Critical)	4
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	71
Moved to another state, close PUNS	6
Person withdraws, close PUNS	10
Deceased	4
Individual Determined Clinically Ineligible	2
Unable to locate	3
Other, close PUNS	22

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	7
2. Person has a care giver (age 60+) and will need supports within the next year.	6
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	2
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	16
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	11

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	26
8. Person or care giver needs increased supports.	8
14. Other, Explain:	5

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	19
Physical Therapy	8
Occupational Therapy	8
Speech Therapy	8
Education	19
Assistive Technology	7
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	20
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	12



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**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	31
Other Transportation Service	46
Developmental Training	66
"Regular Work"/Sheltered Employment	15
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	9
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	6
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Supported Living Arrangement	2
Nursing Home	3
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	39
Respite Supports (24 hours or greater)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	13
Physical Therapy	5
Occupational Therapy	8
Speech Therapy	9
Assistive Technology	13
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	27
Other Transportation Service	20

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	3
Support to work in the community	24
Support to engage in work/activities in a disability setting	35
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	4
Out-of-home residential services with 24-hour supports	11





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**County: Out of State**

**Reason for PUNS or PUNS Update**

Annual Update	3
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	12
Moved to another state, close PUNS	39
Person withdraws, close PUNS	1
Deceased	3
Other, close PUNS	21

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	3
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	3

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	9
2. Person has a care giver (age 60+) and will need supports within the next year.	2
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	5
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	6
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	2
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	10

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
8. Person or care giver needs increased supports.	3
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
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Behavioral Supports (includes behavioral intervention, therapy and counseling)	15
Physical Therapy	4
Occupational Therapy	5
Speech Therapy	5
Education	7
Assistive Technology	3
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4
Medical Equipment/Supplies	9
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	5

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	13
Other Transportation Service	13
Developmental Training	15
"Regular Work"/Sheltered Employment	2
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	15
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Children's Residential Services	2
Child Care Institutions (Including Residential Schools)	2
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	6
Respite Supports (24 hours or greater)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	4
Occupational Therapy	5
Speech Therapy	4
Assistive Technology	6
Adaptations to Home or Vehicle	2
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	4

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	9

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	6
Support to engage in work/activities in a disability setting	12

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	13



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**County: Peoria**

**Reason for PUNS or PUNS Update**

New	36
Annual Update	239
Change of category (Emergency, Planning, or Critical)	54
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	121
Moved to another state, close PUNS	28
Person withdraws, close PUNS	40
Deceased	92
Individual Moved to ICF/DD	6
Individual Determined Clinically Ineligible	11
Incorrect SSN	2
Unable to locate	18
Other, close PUNS	502

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	11
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	27
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	6
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	22

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	41
2. Death of the care giver with no other supports available.	9
3. Person has been committed by the court or is at risk of incarceration.	10
4. Person is living in a setting where there is suspicion of abuse or neglect.	26
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	23
6. Other crisis, Specify:	74

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	107
2. Person has a care giver (age 60+) and will need supports within the next year.	107
3. Person has an ill care giver who will be unable to continue providing care within the next year.	23
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	93
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	38
6. There has been a death or other family crisis, requiring additional supports.	22
7. Person has a care giver who would be unable to work if services are not provided.	116
8. Person or care giver needs an alternative living arrangement.	93
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	265
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	28
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	4
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	6
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	46
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	2
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	2



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17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	4
19. Person is leaving jail, prison or other criminal justice setting in the next year.	3
20. Person wants to leave current setting within the next year.	54
21. Person needs services within the next year for some other reason, specify:	94

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	268
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	46
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	24
4. Person wishes to move to a different geographic location in Illinois.	16
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	3
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	5
8. Person or care giver needs increased supports.	235
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	26
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	3
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	3
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	2
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	7
14. Other, Explain:	98

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	22
Respite Supports (<24 hour)	28
Behavioral Supports (includes behavioral intervention, therapy and counseling)	293
Physical Therapy	115
Occupational Therapy	148
Speech Therapy	178
Education	336
Assistive Technology	108
Homemaker/Chore Services	38
Adaptions to Home or Vehicle	49
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	132
Medical Equipment/Supplies	137
Nursing Services in the Home, Provided Intermittently	117
Other Individual Supports	94

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	378
Other Transportation Service	232
Senior Adult Day Services	22
Developmental Training	304
"Regular Work"/Sheltered Employment	145
Supported Employment	45
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	41
Other Day Supports (e.g. volunteering, community experience)	58



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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	13
Community Integrated Living Arrangement (CILA)/Intermittent	24
Community Integrated Living Arrangement (CILA)/Host Family	35
Community Integrated Living Arrangement (CILA)/24 Hour	171
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	63
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	8
State Operated Mental Health Hospital (SOMHH)	1
Supported Living Arrangement	18
Community Living Facility	22
Nusing Home	12
Assisted Living Facility	3
Children's Residential Services	37
Child Care Institutions (Including Residential Schools)	35
Children's Foster Care	5
Other Residential Support (including homeless shelters)	45

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	314
Respite Supports (24 hours or greater)	124
Behavioral Supports (includes behavioral intervention, therapy and counseling)	153
Physical Therapy	68
Occupational Therapy	73
Speech Therapy	104
Assistive Technology	71
Adaptations to Home or Vehicle	54
Nursing Services in the Home, Provided Intermittently	25
Other Individual Supports	60

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	251
Other Transportation Service	137

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	20
Support to work in the community	227
Support to engage in work/activities in a disability setting	233
Attendance at activity center for seniors	13

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	103
Out-of-home residential services with 24-hour supports	244



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**County: Perry**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	10
Person is fully served or is not requesting any supports within the next five (5) years	48
Person withdraws, close PUNS	8
Deceased	6
Other, close PUNS	8

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1
2. Person has a care giver (age 60+) and will need supports within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	5
20. Person wants to leave current setting within the next year.	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	7
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	5
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	2
Occupational Therapy	2
Speech Therapy	3
Education	9
Assistive Technology	2
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	6
Other Transportation Service	9
Developmental Training	9
"Regular Work"/Sheltered Employment	2
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**



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Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/24 Hour	5
Children's Residential Services	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	15
Respite Supports (24 hours or greater)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Physical Therapy	6
Occupational Therapy	6
Speech Therapy	4
Assistive Technology	3
Adaptations to Home or Vehicle	4
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	14

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	15
Other Transportation Service	10

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	8
Support to engage in work/activities in a disability setting	13
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	6
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**County: Piatt**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	10
Person is fully served or is not requesting any supports within the next five (5) years	35
Moved to another state, close PUNS	3
Person withdraws, close PUNS	3
Deceased	5
Individual Determined Clinically Ineligible	3
Incorrect SSN	1
Unable to locate	3
Other, close PUNS	14

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	1
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	4
7. Person has a care giver who would be unable to work if services are not provided.	2
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	6
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
21. Person needs services within the next year for some other reason, specify:	7

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
8. Person or care giver needs increased supports.	4
14. Other, Explain:	6

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	4
Behavioral Supports (includes behavioral intervention, therapy and counseling)	6
Physical Therapy	6
Occupational Therapy	7
Speech Therapy	7
Education	15
Assistive Technology	2
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	11
Medical Equipment/Supplies	6
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	7

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	19
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Other Transportation Service	14
Senior Adult Day Services	1
Developmental Training	31
Supported Employment	2
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/24 Hour	16
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Nursing Home	1
Children's Foster Care	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	14
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	2
Occupational Therapy	3
Speech Therapy	3
Assistive Technology	1
Adaptations to Home or Vehicle	1
Other Individual Supports	5

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	7
Other Transportation Service	6

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	4
Support to engage in work/activities in a disability setting	3

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	2



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**County: Pike**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	20
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	29
Moved to another state, close PUNS	1
Person withdraws, close PUNS	5
Deceased	4
Other, close PUNS	15

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	3
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

2. Death of the care giver with no other supports available.	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	16
2. Person has a care giver (age 60+) and will need supports within the next year.	5
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	11
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
7. Person has a care giver who would be unable to work if services are not provided.	5
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	13
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	7

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	3
8. Person or care giver needs increased supports.	2
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	9
Physical Therapy	2
Occupational Therapy	5
Speech Therapy	8
Education	9
Assistive Technology	2
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	5
Medical Equipment/Supplies	5
Other Individual Supports	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1
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Developmental Training	7
<b>RESIDENTIAL SUPPORTS</b>	
Community Integrated Living Arrangement (CILA)/24 Hour	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Nursing Home	1
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	19
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	1
Occupational Therapy	2
Speech Therapy	1
Assistive Technology	5
Adaptations to Home or Vehicle	2
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	16
Other Transportation Service	1
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	8
Support to engage in work/activities in a disability setting	7
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	4
Out-of-home residential services with 24-hour supports	8



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**County: Pope**

**Reason for PUNS or PUNS Update**

Annual Update	3
Person is fully served or is not requesting any supports within the next five (5) years	10
Person withdraws, close PUNS	1
Other, close PUNS	1

**CRITICAL NEED(Person needs supports within one year)**

4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
20. Person wants to leave current setting within the next year.	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
8. Person or care giver needs increased supports.	1
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Speech Therapy	1
Education	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	1
Other Individual Supports	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	2
Other Transportation Service	2
Developmental Training	6

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Occupational Therapy	1
Speech Therapy	2

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	2
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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	1
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**County: Pulaski**

**Reason for PUNS or PUNS Update**

Annual Update	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	28
Person withdraws, close PUNS	3
Individual Moved to ICF/DD	1

**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	2
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
4. Person wishes to move to a different geographic location in Illinois.	1
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Education	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	3

**TRANSPORTATION**

Other Transportation Service	1
Senior Adult Day Services	1
Developmental Training	7

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	7
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	2
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**TRANSPORTATION NEEDED**

Other Transportation Service	2
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	1
Support to engage in work/activities in a disability setting	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	2
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**County: Putnam**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	8
Person is fully served or is not requesting any supports within the next five (5) years	4
Person withdraws, close PUNS	1
Individual Determined Clinically Ineligible	2
Other, close PUNS	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1
2. Person has a care giver (age 60+) and will need supports within the next year.	1
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
7. Person has a care giver who would be unable to work if services are not provided.	1
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	3
21. Person needs services within the next year for some other reason, specify:	2

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	6
8. Person or care giver needs increased supports.	6
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	3
Occupational Therapy	4
Speech Therapy	7
Education	8
Assistive Technology	2
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	3
Medical Equipment/Supplies	1
Other Individual Supports	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	6
Developmental Training	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Children's Residential Services	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	7
Respite Supports (24 hours or greater)	2



***Division of Developmental Disabilities***  
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Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	1
Occupational Therapy	1
Speech Therapy	2
Assistive Technology	2
Adaptations to Home or Vehicle	1
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	6
Other Transportation Service	5
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	6
Support to engage in work/activities in a disability setting	6
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	9





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**County: Randolph**

**Reason for PUNS or PUNS Update**

New	5
Annual Update	11
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	36
Moved to another state, close PUNS	2
Person withdraws, close PUNS	9
Other, close PUNS	24

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

4. Person is living in a setting where there is suspicion of abuse or neglect.	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	7
2. Person has a care giver (age 60+) and will need supports within the next year.	6
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	4
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	7
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	9
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	6

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	1
8. Person or care giver needs increased supports.	3

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	2
Occupational Therapy	4
Speech Therapy	7
Education	11
Assistive Technology	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	6
Other Transportation Service	11
Developmental Training	10
"Regular Work"/Sheltered Employment	1



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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	3
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	15
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	2
Occupational Therapy	3
Speech Therapy	9
Assistive Technology	6
Adaptations to Home or Vehicle	3
Other Individual Supports	15

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	14
Other Transportation Service	8

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	10
Support to engage in work/activities in a disability setting	10

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	10
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**County: Richland**

**Reason for PUNS or PUNS Update**

Annual Update	11
Change of category (Emergency, Planning, or Critical)	4
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	57
Moved to another state, close PUNS	1
Person withdraws, close PUNS	9
Deceased	4
Other, close PUNS	17

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	3
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	3
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	6
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	8

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	10
8. Person or care giver needs increased supports.	4

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	2
Occupational Therapy	2
Speech Therapy	3
Education	7
Assistive Technology	3
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	13
Medical Equipment/Supplies	5
Other Individual Supports	9

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	19
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Other Transportation Service	9
Developmental Training	25
"Regular Work"/Sheltered Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	11
Nusing Home	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	11
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	4
Occupational Therapy	5
Speech Therapy	4
Assistive Technology	7
Adaptations to Home or Vehicle	4
Other Individual Supports	7

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	10
Other Transportation Service	10

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	2
Support to work in the community	8
Support to engage in work/activities in a disability setting	11

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	9



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**County: Rock Island**

**Reason for PUNS or PUNS Update**

New	19
Annual Update	144
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	199
Moved to another state, close PUNS	20
Person withdraws, close PUNS	21
Deceased	15
Incorrect SSN	1
Unable to locate	1
Other, close PUNS	94

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	24
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	2
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	16
2. Death of the care giver with no other supports available.	2
3. Person has been committed by the court or is at risk of incarceration.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	7
6. Other crisis, Specify:	14

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	97
2. Person has a care giver (age 60+) and will need supports within the next year.	62
3. Person has an ill care giver who will be unable to continue providing care within the next year.	35
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	91
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	33
6. There has been a death or other family crisis, requiring additional supports.	63
7. Person has a care giver who would be unable to work if services are not provided.	125
8. Person or care giver needs an alternative living arrangement.	46
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	169
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	4
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	5
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	22
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	15
21. Person needs services within the next year for some other reason, specify:	79



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**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	238
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	47
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	9
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	4
8. Person or care giver needs increased supports.	276
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	6
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	2
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	1
14. Other, Explain:	25

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	11
Respite Supports (<24 hour)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	49
Physical Therapy	36
Occupational Therapy	59
Speech Therapy	78
Education	122
Assistive Technology	15
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	71
Medical Equipment/Supplies	10
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	27

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	48
Other Transportation Service	34
Senior Adult Day Services	1
Developmental Training	148
"Regular Work"/Sheltered Employment	18
Supported Employment	2
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	71
Other Day Supports (e.g. volunteering, community experience)	10

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	4
Community Integrated Living Arrangement (CILA)/Intermittent	11
Community Integrated Living Arrangement (CILA)/24 Hour	38
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	42
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	28
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Nursing Home	1
Assisted Living Facility	1
Children's Residential Services	1
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	4



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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	185
Respite Supports (24 hours or greater)	139
Behavioral Supports (includes behavioral intervention, therapy and counseling)	80
Physical Therapy	47
Occupational Therapy	69
Speech Therapy	89
Assistive Technology	83
Adaptations to Home or Vehicle	53
Nursing Services in the Home, Provided Intermittently	22
Other Individual Supports	21

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	159
Other Transportation Service	121

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	3
Support to work in the community	111
Support to engage in work/activities in a disability setting	92
Attendance at activity center for seniors	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	23
Out-of-home residential services with 24-hour supports	85





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**County: Saline**

**Reason for PUNS or PUNS Update**

New	9
Annual Update	17
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	74
Moved to another state, close PUNS	2
Person withdraws, close PUNS	22
Deceased	8
Unable to locate	1
Other, close PUNS	10

**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	15
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	2

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	5
8. Person or care giver needs increased supports.	10

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	3
Occupational Therapy	5
Speech Therapy	9
Education	17
Assistive Technology	1
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	7
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	2
Other Transportation Service	15
Developmental Training	9
"Regular Work"/Sheltered Employment	2
Supported Employment	2
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/24 Hour	7

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	26
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Respite Supports (24 hours or greater)	11
Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Physical Therapy	4
Occupational Therapy	6
Speech Therapy	4
Assistive Technology	6
Adaptations to Home or Vehicle	1
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	4
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	4
Other Transportation Service	10
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	8
Support to engage in work/activities in a disability setting	13
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	3
Out-of-home residential services with 24-hour supports	3



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**County: Sangamon**

**Reason for PUNS or PUNS Update**

New	34
Annual Update	199
Change of category (Emergency, Planning, or Critical)	42
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	3
Person is fully served or is not requesting any supports within the next five (5) years	138
Moved to another state, close PUNS	19
Person withdraws, close PUNS	66
Deceased	85
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	14
Individual Determined Clinically Ineligible	5
Unable to locate	19
Other, close PUNS	440

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	5
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	34
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	5
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	21

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	30
2. Death of the care giver with no other supports available.	4
3. Person has been committed by the court or is at risk of incarceration.	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	11
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	19
6. Other crisis, Specify:	66

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	97
2. Person has a care giver (age 60+) and will need supports within the next year.	66
3. Person has an ill care giver who will be unable to continue providing care within the next year.	33
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	98
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	34
6. There has been a death or other family crisis, requiring additional supports.	17
7. Person has a care giver who would be unable to work if services are not provided.	95
8. Person or care giver needs an alternative living arrangement.	76
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	201
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	16
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	4
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	17
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	2



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17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	3
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	60
21. Person needs services within the next year for some other reason, specify:	157

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	177
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	42
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	36
4. Person wishes to move to a different geographic location in Illinois.	12
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	4
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	3
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	135
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	18
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	3
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	1
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	11
14. Other, Explain:	234

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	12
Respite Supports (<24 hour)	18
Behavioral Supports (includes behavioral intervention, therapy and counseling)	210
Physical Therapy	111
Occupational Therapy	160
Speech Therapy	196
Education	269
Assistive Technology	52
Homemaker/Chore Services	9
Adaptions to Home or Vehicle	16
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	141
Medical Equipment/Supplies	65
Nursing Services in the Home, Provided Intermittently	75
Other Individual Supports	71

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	266
Other Transportation Service	195
Senior Adult Day Services	13
Developmental Training	311
"Regular Work"/Sheltered Employment	53
Supported Employment	65
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	31
Other Day Supports (e.g. volunteering, community experience)	45

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	10
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Community Integrated Living Arrangement (CILA)/Intermittent	26
Community Integrated Living Arrangement (CILA)/Host Family	6
Community Integrated Living Arrangement (CILA)/24 Hour	203
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	43
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	16
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	2
State Operated Mental Health Hospital (SOMHH)	10
Supported Living Arrangement	6
Community Living Facility	8
Shelter Care/Board Home	3
Nursing Home	8
Assisted Living Facility	1
Children's Residential Services	60
Child Care Institutions (Including Residential Schools)	58
Children's Foster Care	11
Other Residential Support (including homeless shelters)	41

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	187
Respite Supports (24 hours or greater)	45
Behavioral Supports (includes behavioral intervention, therapy and counseling)	105
Physical Therapy	53
Occupational Therapy	66
Speech Therapy	80
Assistive Technology	60
Adaptations to Home or Vehicle	31
Nursing Services in the Home, Provided Intermittently	20
Other Individual Supports	60

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	104
Other Transportation Service	126

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	8
Support to work in the community	168
Support to engage in work/activities in a disability setting	166
Attendance at activity center for seniors	5

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	32
Out-of-home residential services with 24-hour supports	156



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**County: Schuyler**

**Reason for PUNS or PUNS Update**

New	4
Annual Update	8
Person is fully served or is not requesting any supports within the next five (5) years	9
Other, close PUNS	5

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	7
2. Person has a care giver (age 60+) and will need supports within the next year.	3
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	5
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	3
21. Person needs services within the next year for some other reason, specify:	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
8. Person or care giver needs increased supports.	1
14. Other, Explain:	2

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	3
Occupational Therapy	5
Speech Therapy	6
Education	11
Assistive Technology	5
Homemaker/Chore Services	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	2
Medical Equipment/Supplies	3

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	2
Developmental Training	1

**RESIDENTIAL SUPPORTS**

Other Residential Support (including homeless shelters)	1
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	12
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Speech Therapy	1
Assistive Technology	6

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	5
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**



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Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	2
Support to engage in work/activities in a disability setting	2
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with 24-hour supports	1





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**County: Scott**

**Reason for PUNS or PUNS Update**

Annual Update	3
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Deceased	1
Other, close PUNS	12

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1
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**EMERGENCY NEED(Person needs out-of-home supports immediately)**

4. Person is living in a setting where there is suspicion of abuse or neglect.	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	5
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
7. Person has a care giver who would be unable to work if services are not provided.	2
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
21. Person needs services within the next year for some other reason, specify:	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	10
8. Person or care giver needs increased supports.	3
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Education	3
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	4
Medical Equipment/Supplies	2

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	3
Developmental Training	3
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Nusing Home	1
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	3
Respite Supports (24 hours or greater)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	2
Physical Therapy	1
Occupational Therapy	1
Speech Therapy	1



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**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	1

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	1
Support to engage in work/activities in a disability setting	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	2



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**County: Shelby**

**Reason for PUNS or PUNS Update**

New	7
Annual Update	31
Person is fully served or is not requesting any supports within the next five (5) years	74
Moved to another state, close PUNS	1
Person withdraws, close PUNS	2
Deceased	6
Individual Moved to ICF/DD	1
Unable to locate	2
Other, close PUNS	20

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	1
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

2. Death of the care giver with no other supports available.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
6. Other crisis, Specify:	4

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	13
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	15
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	19
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	9

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	8
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	11
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	5

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	27
Physical Therapy	25
Occupational Therapy	29
Speech Therapy	40
Education	31
Assistive Technology	9
Homemaker/Chore Services	3



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Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	16
Medical Equipment/Supplies	10
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	38

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	51
Other Transportation Service	46
Senior Adult Day Services	2
Developmental Training	71
"Regular Work"/Sheltered Employment	4
Supported Employment	2
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	4

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	42
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	7
Nursing Home	1
Children's Residential Services	1
Children's Foster Care	1
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	38
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	10
Physical Therapy	8
Occupational Therapy	15
Speech Therapy	21
Assistive Technology	9
Adaptations to Home or Vehicle	4
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	7

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	21
Other Transportation Service	21

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	15
Support to engage in work/activities in a disability setting	22
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	13



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**County: St Clair**

**Reason for PUNS or PUNS Update**

New	42
Annual Update	345
Change of category (Emergency, Planning, or Critical)	25
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	109
Moved to another state, close PUNS	28
Person withdraws, close PUNS	22
Deceased	30
Individual Stayed in ICF/DD	1
Individual Determined Clinically Ineligible	5
Unable to locate	6
Other, supports still needed	1
Other, close PUNS	639

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	8
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	164
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	130
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	53

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	15
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	2
6. Other crisis, Specify:	40

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	586
2. Person has a care giver (age 60+) and will need supports within the next year.	134
3. Person has an ill care giver who will be unable to continue providing care within the next year.	37
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	298
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	68
6. There has been a death or other family crisis, requiring additional supports.	197
7. Person has a care giver who would be unable to work if services are not provided.	338
8. Person or care giver needs an alternative living arrangement.	68
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	333
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	11
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	103
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	10
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	14
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	1
20. Person wants to leave current setting within the next year.	40
21. Person needs services within the next year for some other reason, specify:	518



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**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	100
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	18
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	14
4. Person wishes to move to a different geographic location in Illinois.	9
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	5
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
8. Person or care giver needs increased supports.	173
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	4
14. Other, Explain:	43

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	23
Respite Supports (<24 hour)	60
Behavioral Supports (includes behavioral intervention, therapy and counseling)	247
Physical Therapy	121
Occupational Therapy	172
Speech Therapy	256
Education	333
Assistive Technology	146
Homemaker/Chore Services	18
Adaptions to Home or Vehicle	58
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	206
Medical Equipment/Supplies	237
Nursing Services in the Home, Provided Intermittently	59
Other Individual Supports	149

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	69
Other Transportation Service	560
Senior Adult Day Services	6
Developmental Training	254
"Regular Work"/Sheltered Employment	18
Supported Employment	32
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	120
Other Day Supports (e.g. volunteering, community experience)	190

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	8
Community Integrated Living Arrangement (CILA)/Host Family	6
Community Integrated Living Arrangement (CILA)/24 Hour	81
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	28
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	20
State Operated Developmental Center (SODC)	2
Supported Living Arrangement	15
Shelter Care/Board Home	1
Nusing Home	6
Children's Residential Services	8
Children's Foster Care	3



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Other Residential Support (including homeless shelters)	3
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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	361
Respite Supports (24 hours or greater)	60
Behavioral Supports (includes behavioral intervention, therapy and counseling)	167
Physical Therapy	109
Occupational Therapy	173
Speech Therapy	215
Assistive Technology	111
Adaptations to Home or Vehicle	89
Nursing Services in the Home, Provided Intermittently	33
Other Individual Supports	108

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	118
Other Transportation Service	310

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	168
Support to engage in work/activities in a disability setting	260
Attendance at activity center for seniors	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	22
Out-of-home residential services with 24-hour supports	126





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**County: Stark**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	2
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	1
Moved to another state, close PUNS	1
Person withdraws, close PUNS	1
Other, close PUNS	3

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	2
7. Person has a care giver who would be unable to work if services are not provided.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
8. Person or care giver needs increased supports.	1
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Education	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	1
Other Individual Supports	1

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	5
Developmental Training	5
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
Nursing Home	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	4
Respite Supports (24 hours or greater)	2
Physical Therapy	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	4
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**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	1
Support to engage in work/activities in a disability setting	5



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**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	2



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**County: Stephenson**

**Reason for PUNS or PUNS Update**

New	3
Annual Update	67
Change of category (Emergency, Planning, or Critical)	5
Person is fully served or is not requesting any supports within the next five (5) years	142
Moved to another state, close PUNS	10
Person withdraws, close PUNS	15
Deceased	1
Individual Determined Clinically Ineligible	3
Unable to locate	9
Other, close PUNS	23

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	13
2. Person has a care giver (age 60+) and will need supports within the next year.	11
3. Person has an ill care giver who will be unable to continue providing care within the next year.	4
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	7
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	6
7. Person has a care giver who would be unable to work if services are not provided.	20
8. Person or care giver needs an alternative living arrangement.	5
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	39
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	3
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
21. Person needs services within the next year for some other reason, specify:	19

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	27
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3
4. Person wishes to move to a different geographic location in Illinois.	1
8. Person or care giver needs increased supports.	22
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	4
Respite Supports (<24 hour)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	49
Physical Therapy	7
Occupational Therapy	15
Speech Therapy	23
Education	61
Assistive Technology	8
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	3



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Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	39
Medical Equipment/Supplies	6
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	67

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	78
Other Transportation Service	95
Developmental Training	90
"Regular Work"/Sheltered Employment	31
Supported Employment	7
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	5
Other Day Supports (e.g. volunteering, community experience)	11

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	3
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	32
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	12
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Supported Living Arrangement	9
Community Living Facility	9
Nursing Home	3
Children's Residential Services	32
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	73
Respite Supports (24 hours or greater)	15
Behavioral Supports (includes behavioral intervention, therapy and counseling)	19
Physical Therapy	14
Occupational Therapy	19
Speech Therapy	26
Assistive Technology	14
Adaptations to Home or Vehicle	4
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	46
Other Transportation Service	38

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	31
Support to engage in work/activities in a disability setting	56
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	8
Out-of-home residential services with 24-hour supports	40



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**County: Tazewell**

**Reason for PUNS or PUNS Update**

New	18
Annual Update	174
Change of category (Emergency, Planning, or Critical)	25
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	56
Moved to another state, close PUNS	15
Person withdraws, close PUNS	14
Deceased	47
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	5
Individual Determined Clinically Ineligible	4
Unable to locate	6
Other, supports still needed	1
Other, close PUNS	251

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	11
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	9

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	16
2. Death of the care giver with no other supports available.	1
3. Person has been committed by the court or is at risk of incarceration.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	8
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	8
6. Other crisis, Specify:	21

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	70
2. Person has a care giver (age 60+) and will need supports within the next year.	66
3. Person has an ill care giver who will be unable to continue providing care within the next year.	16
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	75
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	26
6. There has been a death or other family crisis, requiring additional supports.	24
7. Person has a care giver who would be unable to work if services are not provided.	74
8. Person or care giver needs an alternative living arrangement.	41
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	155
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	8
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	3
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	9
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	2
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	2
20. Person wants to leave current setting within the next year.	41



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21. Person needs services within the next year for some other reason, specify: 48

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	153
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	35
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	11
4. Person wishes to move to a different geographic location in Illinois.	4
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	158
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	4
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	2
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	57

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	18
Respite Supports (<24 hour)	29
Behavioral Supports (includes behavioral intervention, therapy and counseling)	138
Physical Therapy	67
Occupational Therapy	77
Speech Therapy	130
Education	154
Assistive Technology	71
Homemaker/Chore Services	17
Adaptions to Home or Vehicle	29
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	76
Medical Equipment/Supplies	78
Nursing Services in the Home, Provided Intermittently	44
Other Individual Supports	53

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	170
Other Transportation Service	122
Senior Adult Day Services	11
Developmental Training	186
"Regular Work"/Sheltered Employment	68
Supported Employment	21
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	22
Other Day Supports (e.g. volunteering, community experience)	30

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	6
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	6
Community Integrated Living Arrangement (CILA)/24 Hour	108
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	42



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Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	17
Supported Living Arrangement	5
Community Living Facility	11
Nursing Home	5
Assisted Living Facility	1
Children's Residential Services	8
Child Care Institutions (Including Residential Schools)	5
Children's Foster Care	2
Other Residential Support (including homeless shelters)	23

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	178
Respite Supports (24 hours or greater)	90
Behavioral Supports (includes behavioral intervention, therapy and counseling)	80
Physical Therapy	45
Occupational Therapy	47
Speech Therapy	69
Assistive Technology	40
Adaptations to Home or Vehicle	38
Nursing Services in the Home, Provided Intermittently	9
Other Individual Supports	29

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	144
Other Transportation Service	77

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	11
Support to work in the community	138
Support to engage in work/activities in a disability setting	135
Attendance at activity center for seniors	4

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	57
Out-of-home residential services with 24-hour supports	160





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**County: Union**

**Reason for PUNS or PUNS Update**

New	8
Annual Update	16
Person is fully served or is not requesting any supports within the next five (5) years	213
Moved to another state, close PUNS	1
Person withdraws, close PUNS	18
Deceased	7
Other, close PUNS	25

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	2
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	1
3. Person has an ill care giver who will be unable to continue providing care within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	1
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	9
20. Person wants to leave current setting within the next year.	4
21. Person needs services within the next year for some other reason, specify:	1

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	4
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
8. Person or care giver needs increased supports.	4
14. Other, Explain:	1

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	36
Physical Therapy	3
Occupational Therapy	2
Speech Therapy	6
Education	3
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	11
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	36

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	41
Senior Adult Day Services	3



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Developmental Training	46
"Regular Work"/Sheltered Employment	1
Other Day Supports (e.g. volunteering, community experience)	6

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/24 Hour	35
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	4
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	5
State Operated Developmental Center (SODC)	8
State Operated Mental Health Hospital (SOMHH)	2
Nursing Home	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	13
Respite Supports (24 hours or greater)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Physical Therapy	2
Occupational Therapy	5
Speech Therapy	4
Assistive Technology	3
Adaptations to Home or Vehicle	2
Other Individual Supports	5

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	6

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	8
Support to engage in work/activities in a disability setting	8
Attendance at activity center for seniors	3

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	1
Out-of-home residential services with 24-hour supports	16



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**County: Unknown**

**Reason for PUNS or PUNS Update**

New	1
Annual Update	4
Person is fully served or is not requesting any supports within the next five (5) years	7
Moved to another state, close PUNS	3
Person withdraws, close PUNS	2
Deceased	4
Other, close PUNS	14

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	3
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	5
2. Person has a care giver (age 60+) and will need supports within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	3
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	7

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	2
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	2
4. Person wishes to move to a different geographic location in Illinois.	2
8. Person or care giver needs increased supports.	4
14. Other, Explain:	5

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	8
Physical Therapy	3
Occupational Therapy	3
Speech Therapy	4
Education	4
Assistive Technology	3
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	1
Medical Equipment/Supplies	2
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	2

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	9
Other Transportation Service	5
Developmental Training	9
"Regular Work"/Sheltered Employment	2



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Other Day Supports (e.g. volunteering, community experience)	1
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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	6
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
State Operated Mental Health Hospital (SOMHH)	1
Nursing Home	1
Children's Residential Services	1
Child Care Institutions (Including Residential Schools)	2
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	5
Respite Supports (24 hours or greater)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	2
Occupational Therapy	3
Speech Therapy	4
Assistive Technology	3
Adaptations to Home or Vehicle	2
Other Individual Supports	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	3

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	1
Support to engage in work/activities in a disability setting	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	5
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**County: Vermilion**

**Reason for PUNS or PUNS Update**

New	12
Annual Update	73
Person is fully served or is not requesting any supports within the next five (5) years	185
Moved to another state, close PUNS	13
Person withdraws, close PUNS	37
Deceased	27
Individual Determined Clinically Ineligible	1
Unable to locate	10
Other, close PUNS	69

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	9
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	7
2. Death of the care giver with no other supports available.	1
3. Person has been committed by the court or is at risk of incarceration.	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
6. Other crisis, Specify:	12

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	21
2. Person has a care giver (age 60+) and will need supports within the next year.	29
3. Person has an ill care giver who will be unable to continue providing care within the next year.	11
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	49
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	18
6. There has been a death or other family crisis, requiring additional supports.	7
7. Person has a care giver who would be unable to work if services are not provided.	21
8. Person or care giver needs an alternative living arrangement.	18
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	75
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	9
21. Person needs services within the next year for some other reason, specify:	64

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	24
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	2
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	5
4. Person wishes to move to a different geographic location in Illinois.	4
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1



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7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	74
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	1
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	1
12. Person is losing eligibility for Individual Care Grants supports through the mental health system within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	2
14. Other, Explain:	25

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	17
Respite Supports (<24 hour)	25
Behavioral Supports (includes behavioral intervention, therapy and counseling)	142
Physical Therapy	39
Occupational Therapy	37
Speech Therapy	51
Education	73
Assistive Technology	17
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	51
Medical Equipment/Supplies	118
Nursing Services in the Home, Provided Intermittently	64
Other Individual Supports	163

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	74
Other Transportation Service	192
Senior Adult Day Services	1
Developmental Training	167
"Regular Work"/Sheltered Employment	7
Supported Employment	5
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	8
Other Day Supports (e.g. volunteering, community experience)	10

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	2
Community Integrated Living Arrangement (CILA)/Intermittent	2
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	71
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	7
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	4
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Supported Living Arrangement	1
Community Living Facility	1
Nusing Home	5
Children's Residential Services	4
Child Care Institutions (Including Residential Schools)	2
Children's Foster Care	2
Other Residential Support (including homeless shelters)	76



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**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	88
Respite Supports (24 hours or greater)	37
Behavioral Supports (includes behavioral intervention, therapy and counseling)	45
Physical Therapy	5
Occupational Therapy	10
Speech Therapy	16
Assistive Technology	14
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	72

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	54
Other Transportation Service	83

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	40
Support to engage in work/activities in a disability setting	72
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	16
Out-of-home residential services with 24-hour supports	36





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**County: Wabash**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	7
Change of category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	24
Person withdraws, close PUNS	6
Deceased	4
Incorrect SSN	1
Other, close PUNS	9

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	1
2. Person has a care giver (age 60+) and will need supports within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	6
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	5
8. Person or care giver needs an alternative living arrangement.	1
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	4
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
21. Person needs services within the next year for some other reason, specify:	5

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	4
14. Other, Explain:	2

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	3
Behavioral Supports (includes behavioral intervention, therapy and counseling)	1
Physical Therapy	1
Occupational Therapy	3
Speech Therapy	4
Education	4
Assistive Technology	2
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	7
Medical Equipment/Supplies	3
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	5
Other Transportation Service	4
Developmental Training	7
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**



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Skilled Nursing Facility/Pediatrics (SNF/PED)	1
Other Residential Support (including homeless shelters)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	8
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	2
Occupational Therapy	3
Speech Therapy	3
Assistive Technology	5
Adaptations to Home or Vehicle	3
Other Individual Supports	8

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	7
Other Transportation Service	4

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	3
Support to engage in work/activities in a disability setting	5

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	4
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**County: Warren**

**Reason for PUNS or PUNS Update**

New	5
Annual Update	7
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	9
Person is fully served or is not requesting any supports within the next five (5) years	46
Moved to another state, close PUNS	3
Person withdraws, close PUNS	8
Unable to locate	1
Other, close PUNS	18

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	1
6. Other crisis, Specify:	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	13
2. Person has a care giver (age 60+) and will need supports within the next year.	4
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	4
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	7
7. Person has a care giver who would be unable to work if services are not provided.	6
8. Person or care giver needs an alternative living arrangement.	2
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	15
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
21. Person needs services within the next year for some other reason, specify:	10

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	3

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Occupational Therapy	1
Speech Therapy	1
Education	11
Homemaker/Chore Services	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	13
Medical Equipment/Supplies	1
Other Individual Supports	4

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	19
Other Transportation Service	46
Senior Adult Day Services	2



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Developmental Training	50
"Regular Work"/Sheltered Employment	4
Supported Employment	3
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	25
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	2
Supported Living Arrangement	3
Nursing Home	1
Children's Residential Services	4
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	11
Respite Supports (24 hours or greater)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	2
Occupational Therapy	2
Speech Therapy	1
Assistive Technology	3
Nursing Services in the Home, Provided Intermittently	1

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	10
Other Transportation Service	12

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	7
Support to engage in work/activities in a disability setting	16
Attendance at activity center for seniors	2

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	7
Out-of-home residential services with 24-hour supports	9



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**County: Washington**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	9
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	2
Person is fully served or is not requesting any supports within the next five (5) years	30
Moved to another state, close PUNS	1
Person withdraws, close PUNS	9
Deceased	5
Other, close PUNS	25

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	2
2. Person has a care giver (age 60+) and will need supports within the next year.	3
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	2
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	1
7. Person has a care giver who would be unable to work if services are not provided.	4
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	6
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	2
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	8

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	3
8. Person or care giver needs increased supports.	2

**EXISTING SUPPORTS AND SERVICES**

Behavioral Supports (includes behavioral intervention, therapy and counseling)	6
Physical Therapy	3
Occupational Therapy	5
Speech Therapy	7
Education	8
Assistive Technology	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	5
Medical Equipment/Supplies	3
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	9

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	6
Other Transportation Service	7
Developmental Training	11
"Regular Work"/Sheltered Employment	3



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Supported Employment	1
Other Day Supports (e.g. volunteering, community experience)	3

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	2
Community Integrated Living Arrangement (CILA)/24 Hour	4
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Children's Residential Services	3
Child Care Institutions (Including Residential Schools)	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	11
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	5
Physical Therapy	4
Occupational Therapy	5
Speech Therapy	6
Assistive Technology	6
Other Individual Supports	10

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	9
Other Transportation Service	10

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	8
Support to engage in work/activities in a disability setting	7

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with 24-hour supports	4
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**County: Wayne**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	8
Change of category (Emergency, Planning, or Critical)	1
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	49
Moved to another state, close PUNS	1
Person withdraws, close PUNS	7
Deceased	2
Other, close PUNS	13

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	2
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**CRITICAL NEED(Person needs supports within one year)**

2. Person has a care giver (age 60+) and will need supports within the next year.	2
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	3
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
7. Person has a care giver who would be unable to work if services are not provided.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	8
21. Person needs services within the next year for some other reason, specify:	3

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	1
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**EXISTING SUPPORTS AND SERVICES**

Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	3
Physical Therapy	4
Occupational Therapy	4
Speech Therapy	3
Education	7
Assistive Technology	4
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	3
Medical Equipment/Supplies	6
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	12

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	1
Other Transportation Service	12
Developmental Training	2
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Children's Residential Services	1

**SUPPORTS NEEDED**





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Personal Support (includes habilitation, personal care and intermittent respite services)	10
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	4
Physical Therapy	3
Occupational Therapy	3
Speech Therapy	3
Assistive Technology	7
Adaptations to Home or Vehicle	3
Other Individual Supports	11

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	11
Other Transportation Service	11

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work in the community	6
Support to engage in work/activities in a disability setting	9



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**County: White**

**Reason for PUNS or PUNS Update**

New	2
Annual Update	12
Person is fully served or is not requesting any supports within the next five (5) years	34
Person withdraws, close PUNS	12
Deceased	3
Other, close PUNS	5

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	8
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	5
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	7
20. Person wants to leave current setting within the next year.	1
21. Person needs services within the next year for some other reason, specify:	4

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	2
8. Person or care giver needs increased supports.	4

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	2
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	7
Occupational Therapy	8
Speech Therapy	11
Education	12
Assistive Technology	2
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	3
Medical Equipment/Supplies	3
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	9

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	3
Other Transportation Service	13
Developmental Training	12
"Regular Work"/Sheltered Employment	4
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/24 Hour	14
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	19
Respite Supports (24 hours or greater)	10



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Behavioral Supports (includes behavioral intervention, therapy and counseling)	10
Physical Therapy	4
Occupational Therapy	7
Speech Therapy	6
Assistive Technology	6
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	1
Other Individual Supports	6
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	10
Other Transportation Service	7
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work in the community	8
Support to engage in work/activities in a disability setting	6
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	3



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**County: Whiteside**

**Reason for PUNS or PUNS Update**

New	4
Annual Update	41
Change of category (Emergency, Planning, or Critical)	1
Person is fully served or is not requesting any supports within the next five (5) years	102
Moved to another state, close PUNS	3
Person withdraws, close PUNS	10
Deceased	2
Individual Determined Clinically Ineligible	1
Unable to locate	2
Other, close PUNS	15

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

6. Other crisis, Specify:	1
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**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	8
2. Person has a care giver (age 60+) and will need supports within the next year.	7
3. Person has an ill care giver who will be unable to continue providing care within the next year.	1
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	10
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	3
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	13
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	28
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
20. Person wants to leave current setting within the next year.	10
21. Person needs services within the next year for some other reason, specify:	14

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	26
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	2
4. Person wishes to move to a different geographic location in Illinois.	2
8. Person or care giver needs increased supports.	20
14. Other, Explain:	12

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	6
Behavioral Supports (includes behavioral intervention, therapy and counseling)	24
Physical Therapy	8
Occupational Therapy	13
Speech Therapy	17
Education	29
Assistive Technology	7
Adaptions to Home or Vehicle	1
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	17
Medical Equipment/Supplies	4
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	33



**Division of Developmental Disabilities**  
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**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	76
Other Transportation Service	37
Developmental Training	78
"Regular Work"/Sheltered Employment	12
Supported Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	2

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/24 Hour	25
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	27
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
State Operated Developmental Center (SODC)	1
Supported Living Arrangement	3
Nursing Home	6
Child Care Institutions (Including Residential Schools)	1
Other Residential Support (including homeless shelters)	2

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	31
Respite Supports (24 hours or greater)	5
Behavioral Supports (includes behavioral intervention, therapy and counseling)	22
Physical Therapy	8
Occupational Therapy	18
Speech Therapy	15
Assistive Technology	14
Adaptations to Home or Vehicle	5
Nursing Services in the Home, Provided Intermittently	2
Other Individual Supports	5

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	20
Other Transportation Service	25

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	2
Support to work in the community	22
Support to engage in work/activities in a disability setting	33

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	4
Out-of-home residential services with 24-hour supports	19



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**County: Will**

**Reason for PUNS or PUNS Update**

New	169
Annual Update	934
Change of category (Emergency, Planning, or Critical)	31
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	14
Person is fully served or is not requesting any supports within the next five (5) years	695
Moved to another state, close PUNS	82
Person withdraws, close PUNS	30
Deceased	48
Individual Stayed in ICF/DD	3
Individual Moved to ICF/DD	7
Individual Determined Clinically Ineligible	2
Individual Determined Financially Ineligible	2
Incorrect SSN	1
Unable to locate	199
Other, supports still needed	2
Other, close PUNS	268

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	17
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	199
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	15
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	115

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	99
2. Death of the care giver with no other supports available.	26
3. Person has been committed by the court or is at risk of incarceration.	7
4. Person is living in a setting where there is suspicion of abuse or neglect.	23
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	22
6. Other crisis, Specify:	292

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	951
2. Person has a care giver (age 60+) and will need supports within the next year.	229
3. Person has an ill care giver who will be unable to continue providing care within the next year.	169
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	615
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	158
6. There has been a death or other family crisis, requiring additional supports.	359
7. Person has a care giver who would be unable to work if services are not provided.	681
8. Person or care giver needs an alternative living arrangement.	207
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	692
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	23
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	41
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	12
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	23



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14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	4
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	2
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	6
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	124
21. Person needs services within the next year for some other reason, specify:	704

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	583
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	13
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	21
4. Person wishes to move to a different geographic location in Illinois.	29
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	3
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	3
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	6
8. Person or care giver needs increased supports.	494
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	6
10. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment support within 1-5 years.	3
11. Person is losing eligibility for Technology Dependent Children's Waiver support within 1-5 years.	2
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	3
14. Other, Explain:	153

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	100
Respite Supports (<24 hour)	104
Behavioral Supports (includes behavioral intervention, therapy and counseling)	546
Physical Therapy	413
Occupational Therapy	678
Speech Therapy	834
Education	1,017
Assistive Technology	520
Homemaker/Chore Services	58
Adaptions to Home or Vehicle	73
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	435
Medical Equipment/Supplies	271
Nursing Services in the Home, Provided Intermittently	47
Other Individual Supports	834

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	381
Other Transportation Service	1,235
Senior Adult Day Services	6
Developmental Training	363
"Regular Work"/Sheltered Employment	128
Supported Employment	41
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	59
Other Day Supports (e.g. volunteering, community experience)	181





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**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	16
Community Integrated Living Arrangement (CILA)/Intermittent	20
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	121
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	24
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	9
Skilled Nursing Facility/Pediatrics (SNF/PED)	1
State Operated Developmental Center (SODC)	9
Shelter Care/Board Home	2
Nursing Home	7
Assisted Living Facility	1
Children's Residential Services	28
Child Care Institutions (Including Residential Schools)	16
Children's Foster Care	9
Other Residential Support (including homeless shelters)	38

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	1,157
Respite Supports (24 hours or greater)	488
Behavioral Supports (includes behavioral intervention, therapy and counseling)	748
Physical Therapy	414
Occupational Therapy	655
Speech Therapy	760
Assistive Technology	695
Adaptations to Home or Vehicle	254
Nursing Services in the Home, Provided Intermittently	110
Other Individual Supports	943

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	494
Other Transportation Service	979

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	94
Support to work in the community	604
Support to engage in work/activities in a disability setting	646
Attendance at activity center for seniors	20

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	532
Out-of-home residential services with 24-hour supports	455



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**County: Williamson**

**Reason for PUNS or PUNS Update**

New	6
Annual Update	24
Person is fully served or is not requesting any supports within the next five (5) years	141
Moved to another state, close PUNS	5
Person withdraws, close PUNS	10
Deceased	13
Unable to locate	1
Other, close PUNS	35

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	1

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	8
2. Person has a care giver (age 60+) and will need supports within the next year.	6
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	11
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	2
7. Person has a care giver who would be unable to work if services are not provided.	13
8. Person or care giver needs an alternative living arrangement.	4
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	14
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	1
20. Person wants to leave current setting within the next year.	2
21. Person needs services within the next year for some other reason, specify:	2

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	12
4. Person wishes to move to a different geographic location in Illinois.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	3
8. Person or care giver needs increased supports.	19
14. Other, Explain:	2

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	7
Physical Therapy	9
Occupational Therapy	9
Speech Therapy	9
Education	14
Assistive Technology	5
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	6
Medical Equipment/Supplies	5
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	6

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	12
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Other Transportation Service	26
Senior Adult Day Services	2
Developmental Training	25
"Regular Work"/Sheltered Employment	4
Supported Employment	5
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	1
Other Day Supports (e.g. volunteering, community experience)	1

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	2
Community Integrated Living Arrangement (CILA)/24 Hour	22
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Other Residential Support (including homeless shelters)	3

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	25
Respite Supports (24 hours or greater)	7
Behavioral Supports (includes behavioral intervention, therapy and counseling)	11
Physical Therapy	10
Occupational Therapy	9
Speech Therapy	11
Assistive Technology	11
Adaptations to Home or Vehicle	7
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	26

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	25
Other Transportation Service	23

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
Support to work in the community	13
Support to engage in work/activities in a disability setting	23
Attendance at activity center for seniors	1

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	2
Out-of-home residential services with 24-hour supports	11



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**County: Winnebago**

**Reason for PUNS or PUNS Update**

New	20
Annual Update	341
Change of category (Emergency, Planning, or Critical)	5
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	8
Person is fully served or is not requesting any supports within the next five (5) years	435
Moved to another state, close PUNS	32
Person withdraws, close PUNS	65
Deceased	29
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	1
Individual Determined Clinically Ineligible	4
Unable to locate	17
Other, close PUNS	127

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	1
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	5
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	2

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	4
2. Death of the care giver with no other supports available.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	1
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	2
6. Other crisis, Specify:	9

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	121
2. Person has a care giver (age 60+) and will need supports within the next year.	54
3. Person has an ill care giver who will be unable to continue providing care within the next year.	18
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	93
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	42
6. There has been a death or other family crisis, requiring additional supports.	25
7. Person has a care giver who would be unable to work if services are not provided.	139
8. Person or care giver needs an alternative living arrangement.	58
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	175
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	5
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	1
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	2
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	25
21. Person needs services within the next year for some other reason, specify:	109

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**



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1. Person is not currently in need of services, but will need service if something happens to the care giver.	106
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	10
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3
4. Person wishes to move to a different geographic location in Illinois.	2
8. Person or care giver needs increased supports.	116
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	4
14. Other, Explain:	41

**EXISTING SUPPORTS AND SERVICES**

Respite Supports (24 Hour)	3
Respite Supports (<24 hour)	20
Behavioral Supports (includes behavioral intervention, therapy and counseling)	162
Physical Therapy	64
Occupational Therapy	94
Speech Therapy	148
Education	228
Assistive Technology	57
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	21
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	238
Medical Equipment/Supplies	80
Nursing Services in the Home, Provided Intermittently	12
Other Individual Supports	141

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	178
Other Transportation Service	473
Senior Adult Day Services	3
Developmental Training	215
"Regular Work"/Sheltered Employment	53
Supported Employment	8
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	5
Other Day Supports (e.g. volunteering, community experience)	46

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	4
Community Integrated Living Arrangement (CILA)/Intermittent	10
Community Integrated Living Arrangement (CILA)/24 Hour	122
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	41
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	10
Skilled Nursing Facility/Pediatrics (SNF/PED)	10
State Operated Developmental Center (SODC)	4
State Operated Mental Health Hospital (SOMHH)	3
Supported Living Arrangement	3
Community Living Facility	2
Nursing Home	16
Assisted Living Facility	1
Children's Residential Services	40
Child Care Institutions (Including Residential Schools)	26
Children's Foster Care	1
Other Residential Support (including homeless shelters)	5

**SUPPORTS NEEDED**



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Personal Support (includes habilitation, personal care and intermittent respite services)	313
Respite Supports (24 hours or greater)	89
Behavioral Supports (includes behavioral intervention, therapy and counseling)	151
Physical Therapy	88
Occupational Therapy	129
Speech Therapy	151
Assistive Technology	113
Adaptations to Home or Vehicle	47
Nursing Services in the Home, Provided Intermittently	10
Other Individual Supports	62
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	188
Other Transportation Service	187
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	32
Support to work in the community	162
Support to engage in work/activities in a disability setting	241
Attendance at activity center for seniors	6
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	26
Out-of-home residential services with 24-hour supports	132





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**County: Woodford**

**Reason for PUNS or PUNS Update**

New	10
Annual Update	35
Person is fully served or is not requesting any supports within the next five (5) years	5
Moved to another state, close PUNS	1
Person withdraws, close PUNS	3
Deceased	5
Unable to locate	3
Other, supports still needed	1
Other, close PUNS	41

**EMERGENCY NEED(Person needs in-home or day supports immediately)**

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	3
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	4
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	1

**EMERGENCY NEED(Person needs out-of-home supports immediately)**

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	2
2. Death of the care giver with no other supports available.	1
4. Person is living in a setting where there is suspicion of abuse or neglect.	2
6. Other crisis, Specify:	2

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	14
2. Person has a care giver (age 60+) and will need supports within the next year.	17
3. Person has an ill care giver who will be unable to continue providing care within the next year.	6
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	12
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	1
6. There has been a death or other family crisis, requiring additional supports.	6
7. Person has a care giver who would be unable to work if services are not provided.	20
8. Person or care giver needs an alternative living arrangement.	6
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	37
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	3
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	1
20. Person wants to leave current setting within the next year.	8
21. Person needs services within the next year for some other reason, specify:	7

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

1. Person is not currently in need of services, but will need service if something happens to the care giver.	22
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	5
4. Person wishes to move to a different geographic location in Illinois.	1
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
8. Person or care giver needs increased supports.	22
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	7

**EXISTING SUPPORTS AND SERVICES**





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Respite Supports (24 Hour)	1
Respite Supports (<24 hour)	1
Behavioral Supports (includes behavioral intervention, therapy and counseling)	30
Physical Therapy	9
Occupational Therapy	13
Speech Therapy	16
Education	24
Assistive Technology	8
Homemaker/Chore Services	5
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	15
Medical Equipment/Supplies	18
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	6

**TRANSPORTATION**

Transportation (include trip/mileage reimbursement)	25
Other Transportation Service	19
Developmental Training	19
"Regular Work"/Sheltered Employment	16
Supported Employment	1
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	2
Other Day Supports (e.g. volunteering, community experience)	7

**RESIDENTIAL SUPPORTS**

Community Integrated Living Arrangement (CILA)/Family	1
Community Integrated Living Arrangement (CILA)/Intermittent	1
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	14
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	4
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Supported Living Arrangement	1
Community Living Facility	1
Nusing Home	3
Other Residential Support (including homeless shelters)	6

**SUPPORTS NEEDED**

Personal Support (includes habilitation, personal care and intermittent respite services)	41
Respite Supports (24 hours or greater)	17
Behavioral Supports (includes behavioral intervention, therapy and counseling)	22
Physical Therapy	5
Occupational Therapy	7
Speech Therapy	11
Assistive Technology	10
Adaptations to Home or Vehicle	6
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	6

**TRANSPORTATION NEEDED**

Transportation (include trip/mileage reimbursement)	29
Other Transportation Service	20

**VOCATIONAL OR OTHER STRUCTURED ACTIVITIES**

Support to work at home (e.g., self employment or earning at home)	1
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Support to work in the community	32
Support to engage in work/activities in a disability setting	30

**RESIDENTIAL SUPPORTS NEEDED**

Out-of-home residential services with less than 24-hour supports	19
Out-of-home residential services with 24-hour supports	32