

**Department of Human Services
 Division of Developmental Disabilities
 Bureau of Reimbursement & Program Support
Independent Service Coordination Assignment – Confirmation Form**

The Division of Developmental Disabilities (DDD) has concluded a process for Independent Service Coordination Agency (ISC) staff to document a previous decision to serve a person outside of the ISC’s assigned geographic area for responsibilities associated with Individual Service and Support Advocacy (ISSA). ISC agency staff should submit this completed form **by January 31, 2020**, to the Department of Human Services, Division of Developmental Disabilities, Bureau of Reimbursement & Program Support, 600 E Ash St, Building 400, Mail Stop 2S, Springfield, IL, 62703 or by Fax to: 217.557.7251. The information provided below will be utilized to ensure ISC geographic updates are incorporated into a person’s waiver service authorization. The DDD is not responsible for forms submitted but not received by the Bureau of Reimbursement & Program Support by January 31, 2020.

Individual’s Information

Primary Waiver Service (Circle one): CILA Adult HBS Children’s HBS CGH CLF CDS Only					
Name:					
Soc. Sec. Number (Last Four Digits):			Medicaid ID Number:		
Home Address:			Apartment/Unit:		
City:		Zip Code:		County:	
Telephone Number:			Email:		

Guardian’s Information (if applicable)

Name					
Home Address:			Apartment/Unit:		
City:		Zip Code:		County:	
Telephone Number:			Email:		

Independent Service Coordination Agency with Geographic Jurisdiction

Geo ISC Agency Name:			ISC Geo Region (Specify A - L):		
Geo ISC Staff Name (Print):					
ISC Staff Telephone Number:			ISC Staff E-Mail Address:		

Proposed Independent Service Coordination Agency

Proposed ISC Agency Name:			Proposed ISC Geo Region (Specify A - L):		
Proposed ISC Staff Name (Print):					
ISC Staff Telephone Number:			ISC Staff E-Mail Address:		

(Circle One): Approval Denial

Individual/Guardian Signature _____ Date _____

(Circle One): Approval Denial

ISC Agency Director with Geographic Jurisdiction _____ Date _____

(Circle One): Approval Denial

Proposed ISC Agency Director Signature _____ Date _____

DHS/DDD Determination of Assigned ISC Region (circle one): A B C D E F G H I J K L

DDD Staff Signature: _____ Date Entered: _____, 20____