

S109/S106 EXTENSION FORM

This form is to be used only by those who have a current approved S110/S107.

Name of Participant: _____

Participant MID: _____

Agency/DDO Completing Form: _____

Please select **ONE** of the following. Sign the form and email to the BHDDH S109 email address, BHDDH.S109@BHDDH.RI.GOV before the current ISP expiration date. Please note: Support documentation may be requested by the committee as needed.

- Extend existing approved S110/S107. No clinical changes with individual from existing request on file. Dates for extension: From: _____ To: _____
- Extend existing approved S110/S107 to coincide with the ISP end of year date. Request due to change in ISP, living arrangement, or provider. Dates for extension: From: _____ To: _____
- Transfer existing approved S110/S107 funding to new provider. No Clinical changes with individual. Transfer effective date: _____
- Extend Prior approved S110/S107 until a Regularly Scheduled Support Intensity Scale (SIS) can be scheduled. Dates for extension: From: _____ To: _____
- Extend existing approved S110/S107 until a Situational Support Intensity Scale (RE-SIS) can be conducted. Dates for extension: From: _____ To: _____

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- Group Homes (Special services) Extend individual's budget for appropriate clinical services needed to safely reside in a community residence. Please attach the budget breakdown. Effective extension of budget, no clinical changes. Dates for extension: From: _____ To: _____
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Signatures:

Participant: _____

Respondent: _____