

FormS109

Participant Request for Additional Supports Above Service Tier Package Authorization

Name of Participant

Support Coordination Agency:

**Name of Person Completing
Form:**

Relationship to Participant:

Agency/DDO Completing Form:

Participant Current SIS Tier:

Date of Last SIS Assessment:

Current Residential Status:

Type of Request:
(Please Choose One)

New S109 Request
Change from Current S109

Appeal

**Additional Services Requested
Above Current Tier Package:**

Community-Based Supports
Residential Services
Transportation
Shared Living
Other

Day Activities
Professional Services
Respite
Supported Employment

**Temporary Tier Request
(To Request Difference
between Packages):**

**Additional Quarterly
Hours Requested:**

**Additional
Days Per
Week:**

**Additional
Units Per
Quarter**

Time Span for Funding:

Requested Start Date:

Requested End Date:

