

Through all stages of life, it is important to consider what information you need, how to find and develop supports, and discover what it takes to live the life you and your family want to live. Supports are defined as resources and strategies that aim to promote development, education, interests, and personal well-being of a person and that enhances individual and family functioning.



Strengthening Families Program

3800 E. Hwy 34—Hillsview Plaza
c/o 500 E. Capitol Ave.
Phone: 800-265-9684 (toll free) or 605-773-3438
Fax: 605-773-7562

Email: infodd@state.sd.us

Website: <https://dhs.sd.gov/developmentaldisabilities/sfs.aspx>

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Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.305.9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.305.9673 (TTY: 711).

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Strengthening Families Program

STRENGTHENING FAMILIES PROGRAM

(FORMERLY KNOWN AS STATEWIDE FAMILY SUPPORT)



Keeping South Dakota Families Connected



DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

Tel: 800-265-9684 (toll free) or 605-773-3438

Website : <https://dhs.sd.gov/developmentaldisabilities/sfs.aspx>

What is the Strengthening Families Program?

The Strengthening Families Program is a wide array of supports provided to meet the needs of families who have a child or adult with a developmental disability. This program utilizes limited funding for the purchase of goods and services, which may otherwise not be available.

Who is eligible?

The Strengthening Families Program Coordinator establishes eligibility for the program from a simple application including documentation of the individual's disability. To be eligible the individual:

- Must have a diagnosed developmental disability OR require prolonged assistance as determined by the Department of Education for ages birth to 3
- Must live in the family home
- Must not already be receiving services from CHOICES or Family Support 360

How does it work?

The Strengthening Families Program is designed to help eligible families utilize limited funding for products and services. The program does not offer service coordination. The products and services may include, but are not limited to, the following:

- Incontinence supplies
- Medication copays

- Nutritional supplements
- Recreational opportunities
- Adaptive equipment
- Housing modifications
- Travel expenses for medical care
- Vehicle modifications

Contact the Strengthening Families Program Coordinator to receive prior authorization for goods and services. If authorized, you will submit a receipt for the expense and the program will reimburse the costs.

How do I apply?

Complete the attached application and return to the Strengthening Families Program Coordinator. If the application is approved, you will receive an eligibility letter and additional information about the program.

The Strengthening Families Program (formerly Statewide Family Support Program) is **NOT** a waiting list for the Family Support 360 Program.



Strengthening Families application inside

APPLICATION FOR STRENGTHENING FAMILIES PROGRAM

(Please print or type)

PARENT/GUARDIAN: _____ STATE: _____
 ADDRESS: _____ CITY: _____
 ZIP CODE: _____ COUNTY: _____ PHONE (best number): _____
 EMAIL: _____

| NAME OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY | DIAGNOSIS | DOB | SSN | MEDI-CAID Y/N | IEP/IFSP Y/N | RACE | SEX |
|--------------------------------------------------|-----------|-----|-----|---------------|--------------|------|-----|
| | | | | | | | |
| | | | | | | | |
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Documentation of the individual's diagnosis and functional limitations such as birth-to-3 evaluations, psychological-educational testing scores or other evaluations pertinent to the child's diagnosis should be submitted. If questions should arise regarding documentation, please call the toll-free number listed below.

Relationship to individual with special needs: _____

Does the individual with special needs reside in your home or in their own home? _____ (yes or no)

What is your funding request (optional)? _____

What is the estimated cost (optional)? _____

Briefly describe how this funding will assist your family in meeting the individual's special needs: _____

I understand for a individual to be eligible for the Strengthening Families Program, he/she must have a diagnosed developmental disability and must reside within a family member's home, or in their own home.

SIGNATURE _____ DATE _____

South Dakota Department of Human Services: Strengthening Families Program
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FAX 605-773-7562, website <https://dhs.sd.gov/developmentaldisabilities/familysupport360.aspx>

----- (cut along dotted line) -----

Directions for Application

PARENT/GUARDIAN'S NAME: Enter the name of the family member or guardian with whom the individual with a developmental disability resides. Individuals with developmental disabilities living independently should list their own name.

ADDRESS, CITY, STATE, ZIP CODE, COUNTY: Enter the address, city, state, zip code and county for the above-named person.

PHONE: Enter the best telephone number for the program specialist to contact the above-named person.

EMAIL: Enter the best email address for the program specialist to contact the above-named person.

NAME OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY: Enter the full name of the individual with a developmental disability.

DIAGNOSIS: Enter the individual's diagnosis. For example: intellectual disability, autism, cerebral palsy, etc. A developmental disability is any severe, chronic disability of a person that: 1) is attributable to a mental or physical impairment or combination of mental and physical impairments; 2) is manifested before the person attains age twenty-two; 3) is likely to continue indefinitely; 4) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and 5) reflects the person's need for any array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

DOB/SSN: Enter the individual's date of birth and Social Security number.

MEDICAID Y/N: If the individual is receiving assistance from Medicaid, enter Y for Yes. If the individual is not receiving assistance from Medicaid, enter N for No.

IEP/IFSP Y/N: If the individual is on an Individual Education Plan (IEP) or Individual Family Services Plan (IFSP), enter Y for Yes. If the individual is not on an IEP or IFSP, enter N for No. This is only applicable for those age 21 and under.

RACE/SEX: Enter W for White, B for Black, H for Hispanic, AI for American Indian, AN for Alaskan Native, A for Asian or PI for Pacific Islander. Enter M for Male or F for Female. This is optional and to be used for statistics and program planning.

RELATIONSHIP TO INDIVIDUAL WITH DEVELOPMENTAL DISABILITY: Identify relationship, e.g., mother, father, brother, sister, etc. Also identify if child(ren) with special needs is foster child(ren).