APPLICATION
ASSISTIVE DAILY LIVING SERVICES PROGRAM
Expires December 31, 2026

This Assistive Daily Living Services program provides personal attendant services, consumer preparation services, emergency response systems, in-home nursing, specialized medical equipment and supplies, environmental accessibility adaptations, respite, and vehicle modifications to eligible individuals.

Please answer these eligibility questions:	Yes	No
1. I am at least 18 years old.		
2. My income is less than $2,986 per month		
3. I own less than $2,000 of assets (does not include one home and one automobile) or $32,532 in combined assets (if married).		
4. I have a substantial functional impairment to all four limbs due to ataxia, cerebral palsy, rheumatoid arthritis, muscular dystrophy, multiple sclerosis, traumatic brain injury, a congenital condition, an accident, or injury to the spinal cord, or other neuromuscular or cerebral (other than traumatic brain injury) condition or disease, or have four limbs absent due to disease, trauma or congenital conditions.		
5. As a result of my disability, I need assistance with activities of daily living ie: dressing, bathing, toileting		
6. I am able to independently manage and direct a personal attendant (includes recruiting, screening, interviewing, selecting, scheduling, training, supervising, preparing time sheets, arranging for emergency backup, determine the attendants competency to perform needed services, direct the attendant to perform tasks, resolve conflicts, and if necessary, terminate the attendant if the conflict cannot be resolved) OR select a representative to manage and direct my services on my behalf.		
7. I am medically stable and free from life-threatening conditions as determined by the individual's personal physician.		

I understand that it is my responsibility to complete the information requested and submit it to the address below so that I may be considered for services. I understand that if I answer yes to all the questions listed above, I will receive an assessment to determine my eligibility for services. I also understand that if, after the assessment, I am not found eligible for services, I will be notified in writing of my right to appeal the determination and to request a fair hearing. I authorize the Division of Rehabilitation Services to gather information to determine eligibility and to assist in determining services needed. Exchange of information may include cooperating with other Departments in state government, contract providers, long term care facilities, hospitals, rehabilitation facilities, and home health agencies.

Print Name _____ Disability _____ Date of Birth _____

Street _____ City _____ State _____ Zip _____ Phone Number _____

Email address _____ Medicaid ID _____

Applicant Signature _____ **Date** _____

Complete and return to: InfoRS@state.sd.us *OR*
ADLS Waiver Manager
Division of Rehabilitation Services
3800 E. Hwy. 34, Hillsview Plaza
c/o 500 E Capitol Ave.
Pierre, SD 57501