

Application for the DDRC Self-Determination Initiative

Self-Determination is a Jefferson County mill-levy funded program, which encourages you to identify your personal plans and goals and provides short-term financial support to jumpstart your dreams.

If you're unsure how Self-Determination can help, have questions about your application, or just want to brainstorm what resources are available to you, you can call or email Self-Determination Coordinator, Kelly King, at (303) 462-6528 / Kelly.king@ddrcco.com

Applications are reviewed by the Self-Determination Committee on the second Wednesday of the month. Please submit your application by the first Wednesday of the month to ensure your request is reviewed that month.

ABOUT YOU

Name _____ Date _____ Date of Birth _____

Address _____
Street City State ZIP

How do you prefer that we communicate with you? _____

Phone and/or email: _____

Guardian's information (if applicable) _____



Is there anyone else (a family member, friend, provider) you would like to be involved in planning or in your application process?

Support person's name _____ Phone _____

Yes No I live in Jefferson County and I am 18 years old or older.

Yes No I have been determined eligible for Developmental Disability Services.

NEXT STEPS

1. Please complete the following application and submit to Self-Determination Coordinator, Kelly King – (303) 462-6528 / Kelly.king@ddrcco.com
2. You will receive confirmation that your application has been received, and we will reach out with any questions about your application
3. After your application is reviewed on the second Wednesday of the month, you will receive a letter letting you know if your request is approved, and if not, why
4. Self-Determination will coordinate with you to set up, order, and pay for approved items

Thank you for taking the time to tell us about your plans for the future!

1. Please describe your goal(s). How do you plan to use Self-Determination support to achieve long-term success?

2. Have you talked with your team (family, friends, Resource Coordinator, others) about your goals? What other available resources have you identified?

3. What items or supports are you requesting to reach your goals? Please note specifics if you have a program or provider in mind.

Name the supports you need (service or item)	How much will it cost? (Please include details about duration, cost per hour, etc)	Total Cost

Grand Total \$ _____

4. Have you applied and/or been approved for Self-Determination before?

5. Self-Determination is set up to provide short-term financial support as you're working toward a goal. We ask that after a request is approved, you identify other resources available for any ongoing, long-term support. What plans do you have to sustain progress toward your goals when Self-Determination funding concludes?