Florida Developmental Disabilities Council, Inc.

Level of Need Form

For a Personal Support Provider (PSP) or Respite/Childcare (RC)

"To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities"

The Florida Developmental Disabilities Council will provide reimbursement for care and support required for individuals to be fully included in our Council-sponsored activities. Reimbursement will be based on the level of need defined by the individual and the rate for reimbursement will be determined based on FDDC's Level of Support Reimbursement Matrix.

The information will assist in determining the level of support. After the level of support is determined, you will receive notification of the rate of pay FDDC will reimburse for a personal support provider or respite/childcare worker. Please identify a category and select a response for each item below

Purpose of Meeting: Council Meeting ☐ Partners in Policymaking ☐

Other ☐ _____

Category: Personal support ☐ Respite/childcare ☐

	Not at all	Sometimes	All the time
1. Assistance with toileting	☐	☐	☐
2. Assistance with Feeding/Eating	☐	☐	☐
3. Assistance with bath/shower	☐	☐	☐
4. Transfers (from bed, wheelchair)	☐	☐	☐
5. Assistance getting dressed	☐	☐	☐
6. Monitoring of seizures, diabetes, Medication, etc.	☐	☐	☐
7. Assistance during FDDC Meetings (hotel check-in, Hotel navigation, after meeting Dinners/gatherings, guidance With meeting materials and Participation.	☐	☐	☐

I attest my self-assessment is true and accurate.

Name of Person Requesting Support: _____

Signature of Person Requesting Support: _____

Email address: _____

Phone Number:_____

Date: _____

This document and the information in it are provided in confidence, for the sole purpose of determining the level of need for a personal support provider or respite/childcare worker and may not be disclosed to any third party or used for any other purpose without the express written permission of the disclosed party.

Allowable reimbursement rate based on the level of need and level of support reimbursement matrix:	
Day Trip: _____	FDDC Staff Signature_____
Overnight Trip: _____	Date: _____

Adopted: 7/27/2022