

**REQUEST FOR COMMUNITY-BASED SERVICES OR PLACEMENT IN A  
COMMUNITY-BASED SETTING**

To: Illinois Department of Human Services  
Division of Developmental Disabilities  
c/o Mr. Brent Stratton  
Office of Illinois Attorney General  
100 W. Randolph St., 12<sup>th</sup> Floor  
Chicago, IL 60601

This request is on behalf of \_\_\_\_\_, an adult with a developmental disability, who currently lives:

\_\_\_\_\_ at home OR at \_\_\_\_\_  
(an Intermediate Care Facility for the Developmentally Disabled).

This is a request for Community-Based Services or placement in a Community-Based Setting under the Illinois Home and Community-Based Services Waiver for Adults with Developmental Disabilities.

I understand that, by completing this form, I am **NOT** getting myself/my family member on a waiting list for services or placement.

I understand that, in order to be placed on a waiting list, I need to enroll myself/my family member on PUNS.

I understand that I can get more information about PUNS by calling 1-888-DD-PLANS (or 1-866-376-8446 (TTY)) or by going to <http://www.dd.illinois.gov/SignUp.cfm>.

I understand that this request is **NOT** a request for a determination of eligibility for services or placement. Eligibility determinations are completed upon selection from PUNS.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to person requesting services:  Self  Guardian  
 Family member  Other