



DIVISION OF REHABILITATION SERVICES

Hillsview Plaza, 3800 East Highway 34

c/o 500 East Capitol Avenue

Pierre, South Dakota 57501-5070

Phone: (605) 773-3195 | TTY: (605) 773-6412

FAX: (605) 773-5483

Website: dhs.sd.gov

ADLS Waiver Application

*To be processed by Jennifer Lewis
in Pierre and by Val Clausen in Spearfish*

March 22, 2021

David Scheid
2545 Clear Spring Rd Apt #108
Spearfish SD, 57783

Dear David:

Enclosed is an application for the Assistive Daily Living Services (ADLS) program. The program can provide a variety of services for someone living in their home who has quadriplegia and needs assistance to remain in their home. Quadraplegia is defined as functional limitations in all four limbs due to ataxia, cerebral palsy, rheumatoid arthritis, muscular dystrophy, multiple sclerosis, traumatic brain injury, congenital conditions, accidents and injuries to the spinal cord, and other neuromuscular or cerebral conditions or diseases, or an individual with four limbs absent due to disease, trauma or congenital conditions.

If you believe you are eligible and interested in the program, please complete the enclosed application and return it to me. This application is a screening tool used to determine if an applicant meets the basic program requirements. You can find more information about this waiver program at our website: <http://dhs.sd.gov/rehabservices/ADLS.aspx>.

Once I have received the application, if you meet the criteria for the program, I will forward to you a letter that describes the steps needed to continue with the application process. This will include determining financial eligibility, as well as scheduling to meet with an ADLS Service Coordinator in your home to assess his eligibility for the program.

If you have questions on the ADLS program or application process, please contact me at 605-773-7164.

Sincerely,

Jennifer Lewis
ADLS Waiver Manager

Non-Discrimination

The Department of Human Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Legal Services, 3800 E. Hwy 34, c/o 500 E Capitol Ave., Pierre SD 57501. Phone: 605.773.5990. Email: dhsinfo@state.sd.us.

Enclosure

**APPLICATION
ASSISTIVE DAILY LIVING SERVICES PROGRAM
Expires December 31, 2021**

Complete and return to:

**ADLS Waiver Manager
Division of Rehabilitation Services
3800 E. Hwy. 34, Hillsview Plaza
c/o 500 E Capitol Ave.
Pierre, SD 57501**

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

Please answer these eligibility requirements:

	YES	NO
1. I am at least 18 years old.	✓	
2. My income is less than \$ 2,382 per month.	✓	
3. I own less than \$ 2,000 of assets (does not include one home and one automobile) or \$26,076 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 i.e. dressing, bathing, toileting, preparing meals.	✓	
6. I am able to independently manage and direct a personal attendant (includes recruiting, screening, interviewing, selecting, scheduling, training, supervising, preparing timesheets, arranging for emergency backup, determine the attendance 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 above 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 fairing 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.

David E Schied Quas Ampute 8/22/57
Print Name Disability Date of Birth
PO Box 321 Spearfish SD 57783 605-580-572
Street City State Zip Phone Number
[Signature] 3/23/21
Applicant Signature Date