DEAP
PASARR RESOURCE REQUEST

Developmental
Educational
Assistance
Program

	Funding Source
	FAMILY EDUCATION & SUPPORT
	Part C
	CHILDRENS WAIVER SERVICES
	CHILDRENS AUTISM WAVIER
	SUPPORTED LIVING
	COMMUNITY SUPPORTS
	In Home SVCS / Supervised Visitations
X	PASARR
	PD WAIVER
	NON-ICP COST / MEDICAID / PRIVATE INSURANCE

DATE:_____

INDIVIDUAL'S NAME:_____   AMOUNT:$_____

PARENTS/GUARDIAN:_____

PASARR EVALUATOR:_____

REQUEST (be specific)_____

_____

_____

_____

_____

DATE NEEDED:_____

SPECIAL INSTRUCTIONS:_

_____

_____

_____

_____

APPROVED:_____

REVIEWED BY PD:_____ G/L CODING:_____

Resource request required for the following categories: a) transportation; b) meals; c) parent training: d) purchases of any item such as goods & services, hab. supplies, safety items, etc.