

**Aging and Disability Services Division**  
Developmental Services

Financial Eligibility Application

Desert Regional Center (DRC)  Rural Regional Center (RRC)  Sierra Regional Center (SRC)

**Family Support Services (FSS) Application**

This application helps decide if you qualify for **Family Support Services (FSS)** from **Developmental Services (DS)**. Your financial situation will be checked to see if you meet the requirements.

**Household Information:**

Your household is everyone who lives in your home. The **Head of Household** is the person who takes care of the home and makes important decisions for the people living there. This person is responsible for:

- **Paying the bills** (rent, electricity, water)
- **Making sure everyone has food**
- **Helping with daily needs**
- **Keeping your home safe**

The **Head of Household** can be a **parent, guardian, or another adult** who takes care of the family or household members.

If someone in your home is pregnant, make sure to mention it in the "Other Information" section.

(Name of Individual Served) (Age) (Date Received)

(Legal Guardian First, Last Name) (If Applicable) (Record Number)

Is the legal guardian the Head of Household (HoH)?  Yes  No

(Home Address) (City, State, Zip) (Phone Number)

(Mailing Address – If different than home address)

(Total number of household members) (Service Coordinator First, Last Name)

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Please **write the names** and **details** for **everyone who lives with you**.

✓ **Fill in all blanks** for each person in your home. ✓ **Write clearly** so the information is easy to read.

(Name of HoH -if different from Legal Guardian) (Relationship to Individual Served)

(Name of Employer) (Pay Frequency)

(Name of Household Member) (Relationship to Individual Served)

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(Name of Household Member) (Relationship to Individual Served)

(Name of Employer) (Pay Frequency)

Other Information:

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Consent

DS will check the information on this application. If any details are misleading or false, your benefits could be reduced, denied, or canceled. Giving false information on purpose is against the law. If DS finds that the information is not true, they may report it to law enforcement.

If you receive benefits you are not eligible for, you will have to pay the money back. You may also be removed from the program.

- I understand the questions in this application.
- I know I can cancel my request at any time.
- I understand that DS will keep my information private.
- I understand that giving false information could cause my application to be denied or my services being cancelled.
- I have received a copy of the **Reporting Responsibilities** form (DS-EI-11).
- I agree to tell DS about any changes to my information within **10 calendar days**.
- I understand that if I give false information, I may have to pay back any money I receive.
- I know there may be legal consequences if I do not tell the truth on this form.
- I confirm that my answers are true and correct. I have answered honestly.

(Applicant Signature or Mark)

(Signature Date)

(Service Coordinator Signature)

(Signature Date)

(Division Coordinator Signature)

(Signature Date)

Staff Use Only

**Application Form:**  New or  Annual Renewal