



The Individual and Family Support Program

IFSP-Funding Portal User Guide

Version Date: 9/7/2021

If you have questions or need additional assistance, please contact My Life, My Community operators at **(844) 603-9248**.

Contents

| | |
|--|----|
| Before You Begin | 3 |
| For Non-English Speakers | 3 |
| Step 1: Accessing the IFSP Application Portal | 4 |
| Getting Help | 4 |
| Step 2: Registering to Fill Out an Application | 5 |
| Confirming Your Account..... | 6 |
| Resetting Your Password and Security Timeout..... | 7 |
| Step 3: Creating and Drafting a New Application | 8 |
| Entering the Applicants' Identification Information..... | 8 |
| Completing the Eligibility Checker | 9 |
| Part I: Applicant Information | 10 |
| Saving Eligible Applicant Background Information..... | 11 |
| Creating an Application Draft | 12 |
| Verifying Applicant Information..... | 12 |
| Part II: Responsible Party..... | 13 |
| Part III: Relationship Information..... | 14 |
| Part IV: Assistance and Resources | 15 |
| Part V: Needs | 16 |
| Saving a Draft of Your Application | 19 |
| Editing a Draft of Your Application..... | 19 |
| Viewing and Deleting Saved Drafts | 20 |
| Step 4: Submitting Your Application | 20 |
| Signing Your Application | 21 |
| Confirm Your Application Submission..... | 23 |

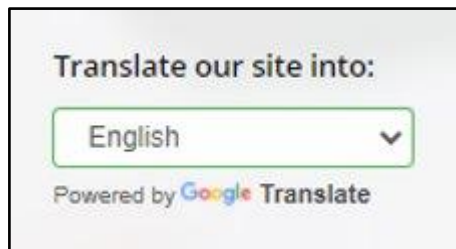
Before You Begin

Before you submit an application for this program, please verify that you or the individual you are submitting the application for is currently on the Developmental Disability (DD) Waiver Waiting List. You can verify this information by contacting your support coordinator/case manager at your local Community Services Board (CSB). To find your local CSB, please visit <https://tinyurl.com/mlmc-csbbha>.

If at any point you need help completing the application or you have questions, please contact My Life, My Community/Senior Navigator at (844) 603-9248.

For Non-English Speakers

To see the application in another language, use the “**Translate our site into**” function at the bottom of <https://ifsponline.dbhds.virginia.gov>. Using the drop-down arrow, select the language you need. You do not need to change this back to English before saving your draft or submitting the application for review.



Spanish: Para ver la aplicación en otro idioma, use la función "Traducir nuestro sitio en" en la esquina inferior derecha de la página web.

Usando la flecha desplegable, seleccione el idioma que necesita. No es necesario que vuelva a cambiarlo a inglés antes de guardar el borrador o enviar la solicitud para su revisión.

French: Pour voir l'application dans une autre langue, utilisez la fonction «Traduire notre site dans» dans le coin inférieur droit de la page Web.

À l'aide de la flèche déroulante, sélectionnez la langue dont vous avez besoin. Vous n'avez pas besoin de changer cela en anglais avant de sauvegarder votre brouillon ou de soumettre la candidature pour révision.

Vietnamese: Để xem ứng dụng bằng ngôn ngữ khác, hãy sử dụng chức năng "Dịch trang web của chúng tôi vào"

ở góc dưới cùng bên phải của trang web. Sử dụng mũi tên thả xuống, chọn ngôn ngữ bạn cần. Bạn không cần phải thay đổi điều này về tiếng Anh trước khi lưu bản nháp của bạn hoặc gửi đơn đăng ký để xem xét.

Step 1: Accessing the IFSP Application Portal

- The IFSP online application portal works best using the latest version of all common web browsers.
- The application portal is also optimized for mobile devices including tablets and smart phones.
- To get to the portal, type or copy/paste the following link into your web browser: <https://ifsponline.dbhds.virginia.gov>.
- The webpage you see will look like the one pictured below.
- The maximum amount of funds you may request for the program is \$1,000. The minimum amount is \$200.



Getting Help

If at any point you need help, select the down arrow next to the word “**Help**” listed in the top bar of the web page as shown below.

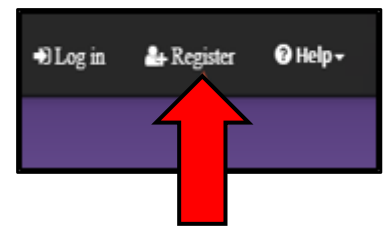


Step 2: Registering to Fill Out an Application

- You will need a login account for the IFSP-Funding Portal to complete an application.
- Click the link in the top right corner of the page that says “**Register**”. See the picture below as a guide. This will begin the registration process for submitting an online application.

NOTE: You only need to register **ONCE** to log in to the IFSP Application Portal. **If you have previously registered, you should use that same login.** One person may submit applications for multiple individuals using the same login information. If you forgot your login information or no longer have access to the previously registered email address, please either reset your password or register using any email address that you regularly check.

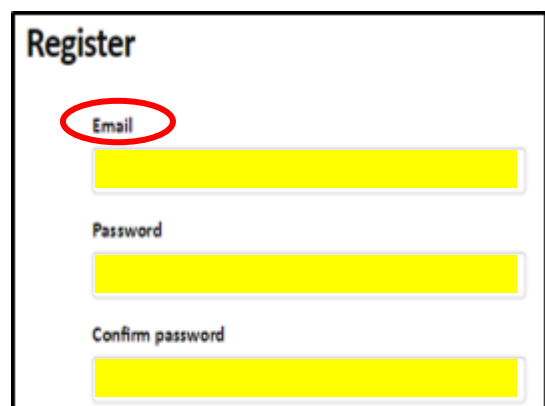
- To create a login, look for the “**Register**” link on the IFSP Portal. The picture here shows the location on the portal page where the “**Register**” link is located. The information for the Responsible Party is what you should use when you register. The Responsible Party is the person applying for an individual who is on the DD Waiver Waiting List and who will be responsible for the received funds.



- You will also need a valid email address. Make sure to use an email address that you check regularly. Type your email address in the “**Email**” field, circled in red in the image below. Please make sure your email address is correct, since this is the email address that IFSP staff will use to send all communication about your application(s).

- After you type in your email address, create a password for accessing the Application Portal. Your password needs to meet all the following requirements:

- At least 8 characters in length
- Utilize **at least 3** of the following 4:
 1. Special characters,
 2. Alphabetical characters,
 3. Numerical characters, and
 4. Combination of upper case and lower-case letters.

A screenshot of the 'Register' form. It has three input fields: 'Email', 'Password', and 'Confirm password'. The 'Email' field is circled in red. All three fields are currently empty.

- Once you have created your password, you will need to re-enter the same password into the field titled **“Confirm Password”**.
- After you have created a password and entered an email address, you will see an email confirmation screen that say that you will receive an email with instructions on how to confirm your email address.

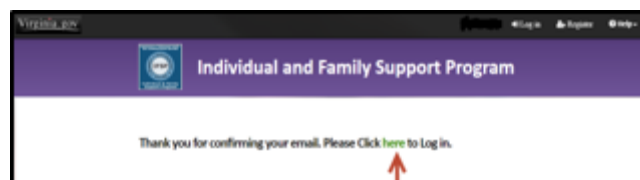
Confirming Your Account

- Confirming your email is the last step of the registration process. Go to your email mailbox. Look for a message from **“IFSP- (do not reply)”** with the subject line of **“Confirm Your Account”**. The email will look like the example below.



- Included in this message is a link titled **“here”**. Click the link to confirm your email address and complete your registration. The red arrow in the image above shows where the link is.
- Once you click the **“here”** link, your internet browser will launch and you will see a pop-up to let you know that this process is complete. You are now able to log in to the portal using your email address and password.

See the example:



- After confirming your email address, you will also receive a **“Welcome to IFSP”** email letting you know that you have successfully registered. A sample message is below:



→ To log in to the IFSP Application Portal, go to <https://ifsonline.dbhds.virginia.gov> and use the email address and password you just created.

Resetting Your Password and Security Timeout

NOTE: If you forget your password, click on the “**Forgot Password**” link that is located on the main login page to generate an email link to reset the password.

NOTE: For security purposes, the application will **time out after 30 minutes of inactivity.** Be sure to save draft applications so you do not lose what you have entered.

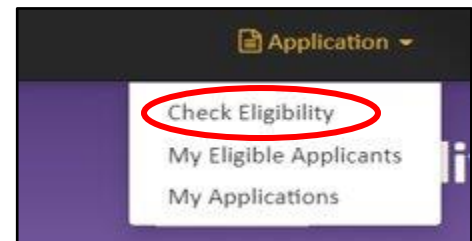
Step 3: Creating and Drafting a New Application

NEW APPLICATION FEATURE: Eligibility Checker

IFSP has added a new step to the IFSP-Funding process to help make sure only eligible individuals are able to complete an IFSP-Funding request. The new function will check applicants' eligibility against Waiver Waiting List data and instantly let applicants and responsible parties know if they are eligible for IFSP-Funding. After successfully meeting the eligibility criteria, eligible applicants will be sent to the remaining application sections that ask about need. If you feel that the system has incorrectly identified the applicant as ineligible, please follow the instructions provided in the Portal.

→ After logging in, look for the **“Application”** link on the black bar at the top of the page. The picture below shows the location on the portal page where the link is located.

Click the link circled in red that is labeled **“Check Eligibility”**.



Entering the Applicants' Identification Information

To determine eligibility, applicants will be asked to provide the following information:

- Email address for the Responsible Party
- Applicant's Date of Birth
- Applicant's Social Security Number

The information provided in this section must match what was provided at the time the person was placed on the Waiver Waiting List. If the information does not match, the applicant will be determined as “not active on the DD Waiver Waiting List” and you will not be able to access the rest of the application.

Additional criteria may apply. Please review the IFSP Program Guidelines for all funding criteria.

Directions: Please provide applicant information in the section below. Remember, the applicant is the person on the DD Waiver Waiting List who you are requesting support for.

Applicant Background Information

Email for Responsible Party:

Please confirm email for the Responsible Party:

Applicant's Date of Birth (DOB): (mm/dd/yyyy)

Applicant's Social Security Number (SSN): (No Dashes)

Next

Completing the Eligibility Checker

IFSPOnline

ifsponline.dhhs.virginia.gov/Application/EligibilityCCC

Individual and Family Support Program

Application • Help • Log Off • Hello ifspcom@dhhs.virginia.gov

IFSP Eligibility Checker

Is the Applicant currently 1) receiving or eligible to receive Targeted Case Management, and/or (2) receiving CCC-Plus Waiver Services?

Yes, the applicant is on Virginia's DD Waiver Waiting List and is currently receiving Targeted Case Management Services.

Yes, the applicant is on Virginia's DD Waiver Waiting List and is currently receiving CCC-Plus Waiver Services.

Yes, the applicant is on Virginia's DD Waiver Waiting List and is currently receiving Targeted Case Management Services and is receiving CCC-Plus Waiver Services.

No, the applicant is on Virginia's DD Waiver Waiting List but not receiving Targeted Case Management or CCC-Plus Waiver Services.

Next

Note: Please note, your responses will not impact you eligibility for IFSP-Funding. The information gathered from your responses will assist us with future planning.

- Complete the questions in the “**Eligibility Checker**” (pictured above) and select “**Next**”.
- If the Applicant meets all the eligibility requirements, then you will be able to complete the remainder of the application and save a draft.
- If the applicant does not meet the eligibility requirements, a pop-up message will appear, instructing the applicant to contact their local CSB.

NOTE: IFSP is not able to resolve Waiver Waiting List Eligibility issues. Applicants must contact their CSB to resolve these issues.

Part I: Applicant Information

In this section, the Applicant’s Background Information will be pre-populated with information from the Waiver Waiting List.

You will not be able to change the Applicant’s First or Last Name. This information is taken directly from the WaMS system and any correction that are needed must be made by contacting your local CSB.

Address and contact information will also be pre-populated. This information may be updated.

To update an address or phone number, please check the corresponding box.

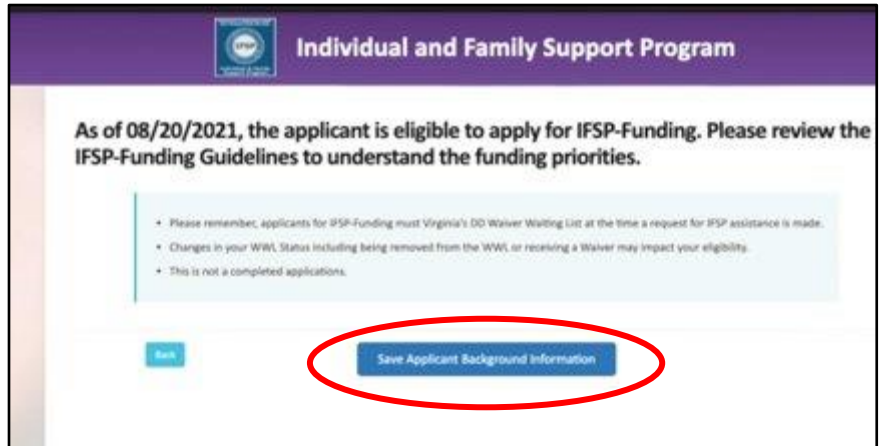
NOTE: Any new address or phone information provided in the application only applies to the IFSP Application. Please make sure to contact your local CSB to update the case file for the applicant so that the correct information is in the WaMS System.

Saving Eligible Applicant Background Information

Applicants who are eligible to apply for funding will see a confirmation page like the screen to right.

To proceed with the other parts of the application draft, you will need to select the **“Save Applicant Background Information”** button.

Completing this section only saves part of your application. Applicants will need to complete the steps listed under the **“Create Application Draft”** section of the application.

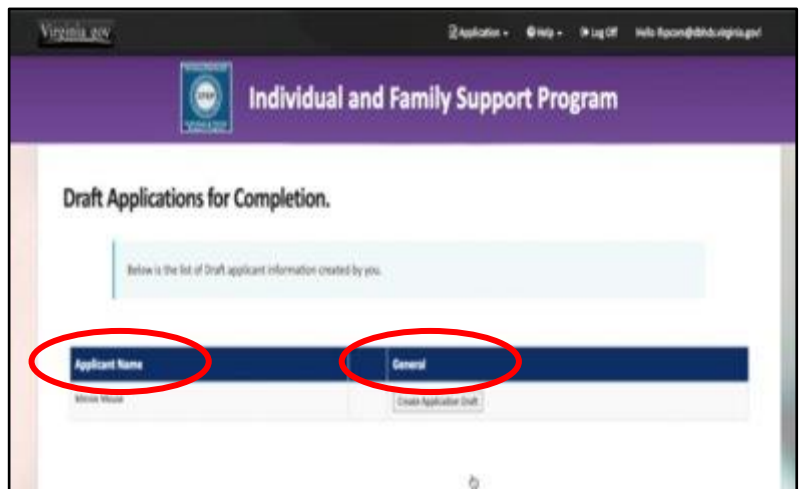


Creating an Application Draft

After you save the applicant's background information, you will be directed to a page to complete the remaining application sections:

- Responsible Party
- Relationship Information
- Assistance and Resources
- Needs

To access the remaining sections, look for the name of the applicant that you want to create a request under the header name **"Applicant Name"**. It is circled on the image on the right.



Next, click on the button labeled **"Create Application Draft"**.

Verifying Applicant Information

- After selecting the **"Create Application Draft"** button you will see the screen on your right.
- Most of the information in the **"Applicant Information"** will be pre-populated from the entries from the **"Eligibility Checker"** section.



- For the items that are not complete, specifically the **"Gender"** and **"Confirming Your CSB"** (in the images below), please enter your information in this section.

Gender:

Male Female

Please select CSB option:

—Please select—

CSB Point of Contact Name:

CSB Point of Contact Email (if known):

Next

Part II: Responsible Party

This section is about the person who is responsible for receiving the Applicant’s IFSP funds and purchasing the requested items/services.

If the Responsible Party is the SAME PERSON as the Applicant, then you will need to check box labeled **“Applicant is Responsible Party”**, as shown in the diagram on the right.

The individual or person filling out this application on behalf of the applicant, who will be responsible for IFSP funds.

Applicant is Responsible Party

→ Fill out each of the fields listed on the page. You will need the Responsible Party’s first, middle, and last name. Be sure to type each entry into the corresponding field correctly (upper case first letter, spelling). This is how the person’s name will be listed and saved.

First Name Middle Name Last Name

Sample Sample Sample

→ Fill out the Responsible Party’s date of birth, Social Security Number, and gender. Be sure to use the format in the example below.

Date Of Birth [mm/dd/yyyy] Social Security Number [No Dashes] Gender:

05/01/1974 234567890 Male Female

→ Fill out the Responsible Party’s street number and name in the **“Address Line 1”** field. If there is an apartment or suite number, enter this information in the **“Address Line 2”** field.

→ Type the Responsible Party’s zip code in the **“Zip Code”** field. Next, type the Applicant’s city in the **“City”** field.

Part III: Relationship Information

The next section is also about the Responsible Party.

If the Responsible Party is the **SAME PERSON** as the Applicant, then this section will be automatically completed, and you will be sent to Section IV. Below is how the answer will appear in Section III. Remember, you will be skipped to Section IV, and this will be automatically completed.

I am an individual with a developmental disability who is on a waiting list for services. ←

→ If the Responsible Party is **NOT THE SAME PERSON** as the Applicant, then you will need to check the second box as seen below:

I am a family member of a child or individual with a developmental disability who is on a waiting list for services ←

→ The next question is about whether the Responsible Party lives with the Applicant. The Responsible Party does not have to live with the Applicant, but a description needs to be provided if they do not live in the same household.

If you are a family member, does the individual live with you on a permanent basis?

Yes No If no, please give details:

→ Use the section shown below to describe the relationship the Responsible Party has with the Applicant.

If you listed yourself above as a family member, what is your relationship to the individual for which you are applying?

| | | |
|---|-----------------------------------|---|
| <input checked="" type="radio"/> Mother | <input type="radio"/> Father | <input type="radio"/> Principal Caregiver |
| <input type="radio"/> Stepmother | <input type="radio"/> Stepfather | <input type="radio"/> Legal Guardian |
| <input type="radio"/> Wife | <input type="radio"/> Husband | <input type="radio"/> N/A(Not Applicable) |
| <input type="radio"/> Grandmother | <input type="radio"/> Grandfather | <input type="radio"/> Other |
| <input type="radio"/> Sister | <input type="radio"/> Brother | <input type="text"/> |

→ Review all the information you have entered on this page to make sure it is correct, and then select the “**Next**” button in the bottom right corner.



NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See “**Editing Your Application**” for instructions on how to do this.

Part IV: Assistance and Resources

This section helps the IFSP staff understand the assistance and financial resources the Applicant currently uses. This information will help DBHDS collect data on ways to better assist individuals on the DD Waiver Waiting List.

→ On the “**Assistance and Resources**” page, select the best answer that describes how you learned about IFSP.

How did you hear about the Individual and Family Support Program?

| | |
|---|--|
| <input checked="" type="radio"/> Case Manager/Support Coordinator | <input type="radio"/> Consumer Directed Services Facilitator |
| <input type="radio"/> Center for Independent Living | <input type="radio"/> List serve |
| <input type="radio"/> Parent/Advocacy Group | <input type="radio"/> Website |
| <input type="radio"/> DBHDS Website | <input type="radio"/> Other |

→ Next, select any assistance the Applicant is currently receiving. Check all that apply.

Are you currently receiving other financial assistance?
Select all that apply.

| | |
|--|---|
| <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Special Education Services (Part B) |
| <input type="checkbox"/> TriCare Military Insurance | <input type="checkbox"/> Local Community Service Board Family Support Funding |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> EDCD Waiver |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Tech Waiver |
| <input type="checkbox"/> Insurance Settlement | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Center for Independent Living | <input type="checkbox"/> None |
| <input type="checkbox"/> Comprehensive Services Funding (FAPT) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Early Intervention Services (Part C) | <input type="text"/> |

→ Review all the information you have entered on this page to make sure it is correct, and then select the “Next” button in the bottom right corner.



NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See the section called “**Editing Your Application**” for instructions on how to do this.

Part V: Needs

Use this section to describe what the Applicant needs the IFSP funds for.

Part V: NEEDS ⓘ

- Please select categories and specific items/services for supports that are planned or anticipated to be needed over the next 12 months.
- Please include the estimated expense for each item.
- Total Requested Amount cannot be greater than \$1000.00.

To see a complete listing of eligible needs that may be supported with IFSP-Funding, please see the IFSP Program Guidelines.

→ Select the drop-down menu titled “**Needs**” to find the item that the Applicant will purchase with

IFSP funds. Then select the item in the drop-down menu.

The screenshot shows a form titled "TELL US YOUR NEEDS". At the top, a green bar displays "Total Requested Amount : \$0". Below this, there is a section with two input fields: "Need Category Type" with a dropdown menu showing "-Please select-" and "Requested Amount" with a text box containing "0". At the bottom left of this section is an orange button labeled "Add Another Need".

→ Once you have selected the **“Need Category Type”**, enter the approximate cost of the item in the **“Requested Amount”** field.

→ The amount you enter into the **“Requested Amount”** field will automatically be added to the number listed in the **“Total Requested Amount”** ribbon of this section, as shown in the next picture.

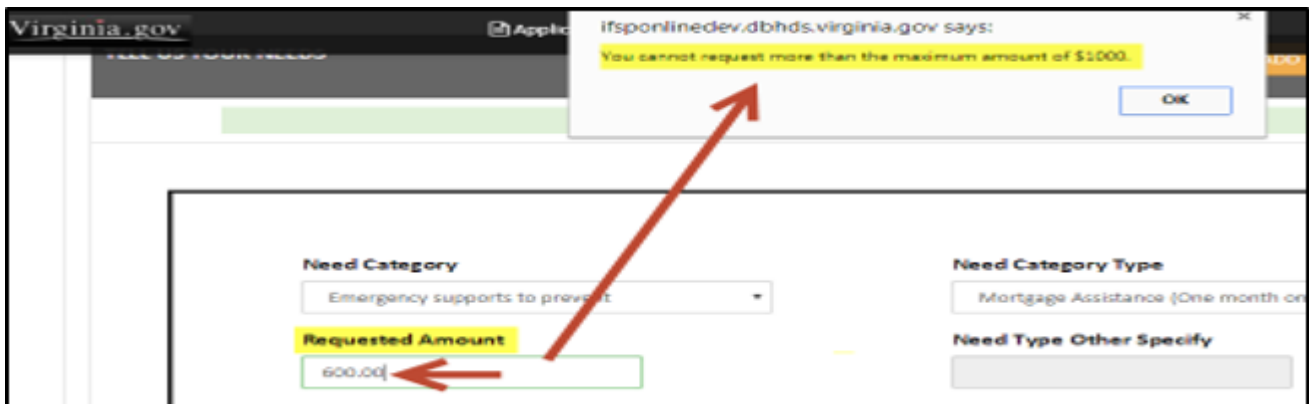
The screenshot shows the same form as the previous one, but now the green bar at the top displays "Total Requested Amount : \$500". The "Requested Amount" text box now contains the value "500".

→ If the Applicant is requesting more than one item, click on the **“Add Another Need”** button on the bottom left side of the section, as pictured below.

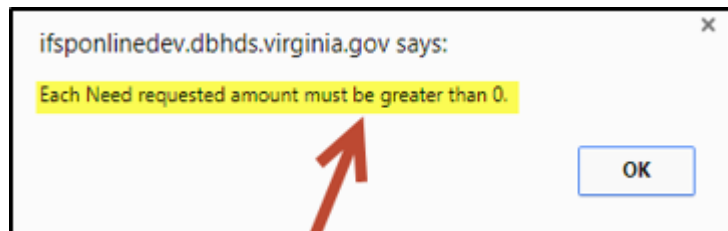
The screenshot shows a more detailed form titled "TELL US YOUR NEEDS". The green bar at the top displays "Total Requested Amount : \$500". The main form area contains several fields: "Need Category" (dropdown menu with "Community Integration"), "Need Category Type" (dropdown menu with "Transportation services"), "Requested Amount" (text box with "500.00"), and "Need Type Other Specify" (text box). Below these fields is a larger text box labeled "What will you use the money for?" containing the text "Bus tickets to use for going to programs each day of the week." At the bottom left is an orange button labeled "Add Another Need" with a red arrow pointing to it from a yellow callout box that says "Click here to add another 'need'". At the bottom right is an orange button labeled "Next".

NOTE: The total minimum amount you may request is \$200. The maximum amount you may request is \$1,000. If the amount you are entering into the **“Requested Amount”** field is more than the total allowed amount for the program, you will get a pop-up message/alert letting you know that you are going over the annual funding limit.

→ To change a request that is more than the annual limit, click **“OK”** on the pop-up message. The **“Requested Amount”** field will remove the amount you entered and allow you to enter a new amount that is within the maximum amount allowed for this program.



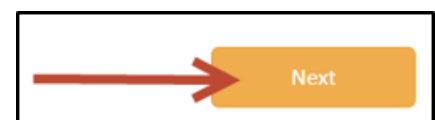
NOTE: Each **“Need”** entered must be more than \$0. Amounts \$0 or less will return an error message like the one below:



→ In the event you ever need to delete a **“Need”** that you have entered, just click on the **“X”** that is located next to the specific need section, as seen on the right.



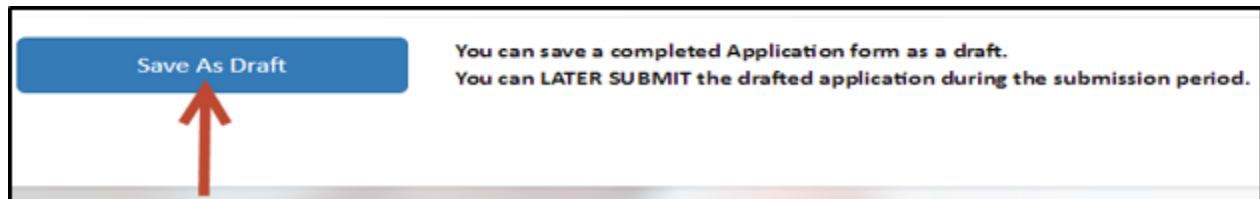
→ Review all the information you have entered on this page to make sure it is correct, and then select the **“Next”** button in the bottom right corner.



NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See **“Editing Your Application”** for instructions on how to do this.

Saving a Draft of Your Application

→ If you are only saving a draft of your application, click the **“Save As Draft”** button as seen below.

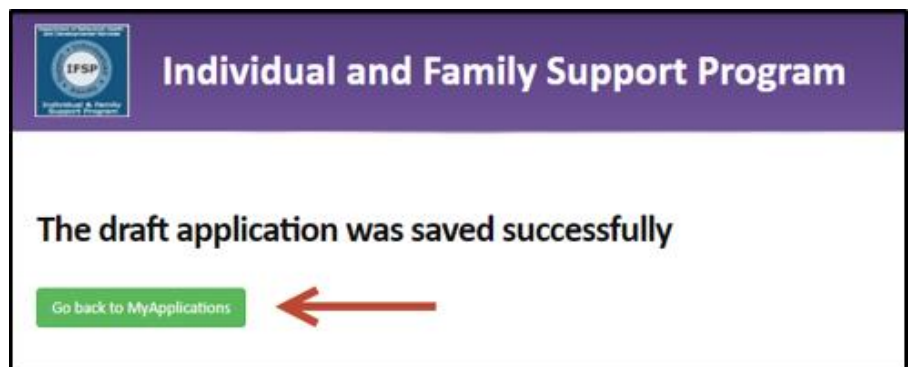


→ This will save a draft of the application you just finished. You will be able to go back and edit your draft any time before you submit.

NOTE: Remember, you will not be able to submit a draft before the submission period opens. Once a draft is submitted, you cannot make changes to it. Please contact ifspsupport@dbhds.virginia.gov if you have any questions or concerns.

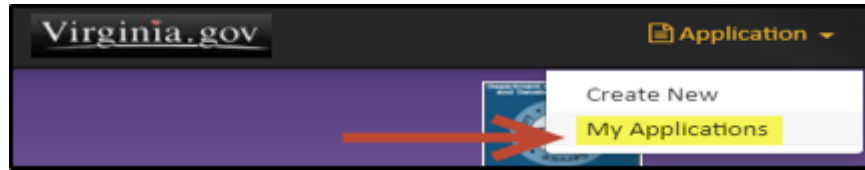
→ Once you have saved your drafted application, you will receive the confirmation message pictured below.

If you select the option to **“Go Back to My Applications”**, you will be returned to the list of your saved applications in the IFSP Application Portal.



Editing a Draft of Your Application

→ To edit a draft application, select **“Application”** from the menu on the ribbon at the top of the page. Click the **“My Applications”** option in drop-down menu as shown in the image below.



→ Once you are on the **“My Applications”** page, you will see a list of your saved applications. Under the **“Edit”** column, click on the green **“Resume”** button for the application that you want to edit. The picture below shows an example.

| Draft Applications | | | | | | |
|----------------------|-----------------------|---------------------|------|--------------------|--------|--------|
| Applicant First Name | Applicant Middle Name | Applicant Last Name | FY | Last Modified Date | Edit | Delete |
| Sample | S | Sample | FY18 | | Resume | |

→ When you are in the application that you would like to edit, choose the section you need to change and follow the steps for completing that section and make the necessary changes.

Viewing and Deleting Saved Drafts

To view a draft application, select **“Application”** from the menu on the ribbon at the top of the page. Click the **“My Applications”** option in drop-down menu as shown in the image below.

To delete a draft application, click the red **“X”** under the table column titled **“Delete”**. This action will permanently remove this draft.

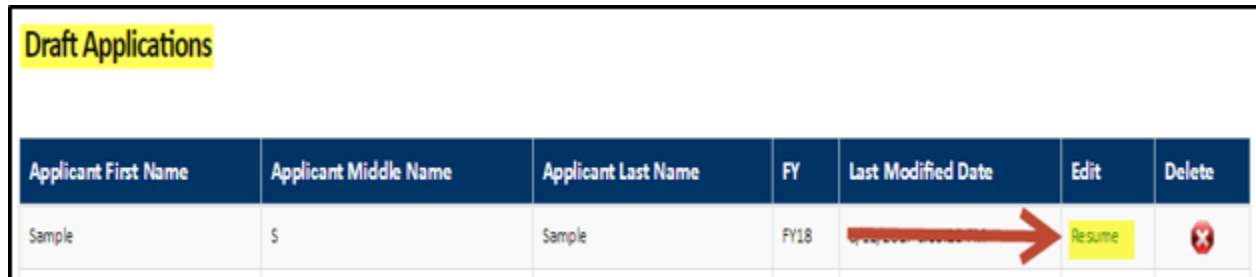
To edit a draft application, click the green **“Resume”** button under the table column titled **“Edit”**. This action will allow you to return the draft and make any needed edits.

| Draft Applications | | | | | | |
|----------------------|-----------------------|---------------------|------|---------------------|--------|--------|
| Applicant First Name | Applicant Middle Name | Applicant Last Name | FY | Last Modified Date | Edit | Delete |
| Sample | e | Sample | FY18 | 8/5/2017 9:56:24 PM | Resume | |

Step 4: Submitting Your Application

NOTE: The “Submit” function will not be available on the application until the submission period opens.

- When the IFSP submission period opens, go to your saved application(s) and select the “Resume” button as seen in the image below.

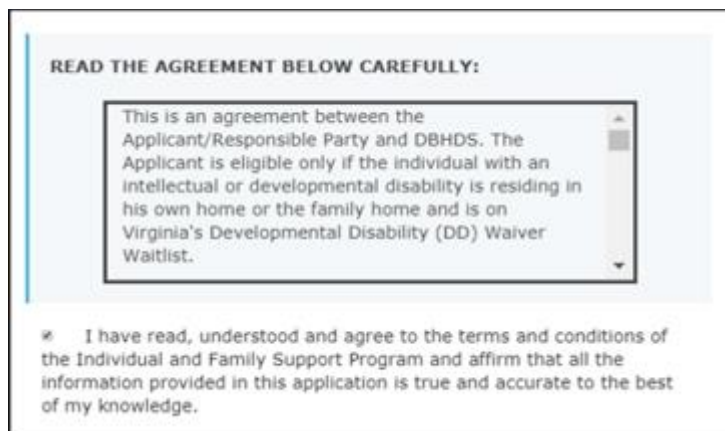


The screenshot shows a table titled "Draft Applications" with the following columns: Applicant First Name, Applicant Middle Name, Applicant Last Name, FY, Last Modified Date, Edit, and Delete. A sample row contains the text "Sample", "S", "Sample", "FY18", and a date. A red arrow points to the "Resume" button in the "Edit" column of the sample row.

| Applicant First Name | Applicant Middle Name | Applicant Last Name | FY | Last Modified Date | Edit | Delete |
|----------------------|-----------------------|---------------------|------|------------------------|--------|--------|
| Sample | S | Sample | FY18 | 11/11/2020 10:11:11 AM | Resume | |

- Review each section carefully to ensure you have entered everything correctly and completely.
- Once completed, click the “Submit” button to submit the application. The **Program Agreement** will appear, and you will be asked to sign.

NOTE: The signature field will NOT appear until you check the “Program Agreement” box.



The screenshot shows a section titled "READ THE AGREEMENT BELOW CAREFULLY:". Below the title is a scrollable text box containing the following text: "This is an agreement between the Applicant/Responsible Party and DBHDS. The Applicant is eligible only if the individual with an intellectual or developmental disability is residing in his own home or the family home and is on Virginia's Developmental Disability (DD) Waiver Waitlist." Below the scrollable text box is a checkbox with the text: "I have read, understood and agree to the terms and conditions of the Individual and Family Support Program and affirm that all the information provided in this application is true and accurate to the best of my knowledge."

Signing Your Application

You will now be asked to sign the application. In the box, please type your name to sign the document.

Review each section carefully to ensure you have entered everything correctly and completely.

READ THE AGREEMENT BELOW CAREFULLY:

This is an agreement between the Applicant/Responsible Party and DBHDS. The Applicant is eligible only if the individual with an intellectual or developmental disability is residing in his own home or the family home and is on Virginia's Developmental Disability (DD) Waiver Waitlist.

I have read, understood and agree to the terms and conditions of the Individual and Family Support Program and affirm that all the information provided in this application is true and accurate to the best of my knowledge.

Be sure to check the box to indicate that you have read the agreement.

NOTE: The signature field will not appear until you check the **“Program Agreement”** box.

→ In the box, please type your name to sign the document.

Please sign below by **TYPING** your name.

Minnj

NOTE: After you type your signature, a **“Submit”** check box will appear. Once it appears, please click the **“Submit”** as see in the image below.

READ THE AGREEMENT BELOW CAREFULLY:

- Misrepresentation: The provider may also no longer have access to IFSP funds in the future.
- The Applicant agrees to permit DSHDS representatives to conduct utilization reviews, including home visits, and shall cooperate fully with such reviews and provide all information requested by DSHDS.
- The Applicant acknowledges that IFSP funding is neither an entitlement nor a grant, and is provided to assist the individual to live at home with his/her family or independently in the community while waiting for waiver services.

I have read, understood and agree to the terms and conditions of the Individual and Family Support Program and affirm that all the information provided in this application is true and accurate to the best of my knowledge.

Please sign below by **TYPING** your name.

Minnie Mouse

Submit Cancel

Confirm Your Application Submission

→ After you type your signature and submit your application, you will see a Confirmation Screen like the one to the right.

→ You will receive an email confirming that we have received your submitted application. The message will have your Application ID number. Please keep this number on file to use as a reference for your records and future communication.

 **Individual and Family Support Program**

The application was submitted.

A confirmation email has been sent to the email address you provided us. Please ensure you have received the confirmation email address that includes your Application Id. You do not need to contact us.

[Back to MyApplications](#)

→ All applications submitted for review will be listed in the **“Signed and Submitted Applications”** section of the **“My Application”** page of the Application Portal. An example of a submitted application is pictured below.

Signed and Submitted Applications

| Applicant Name | FY | Requested Amount | Status | Submitted Date |
|-------------------|------|------------------|---------------------|---------------------|
| Example Applicant | FY18 | \$100.00 | Submitted : Pending | 8/9/2017 5:54:23 PM |

Just like the drafted and saved applications, you will be able to view your submitted applications. However, you will **NOT** be able to make changes to the request once you have submitted it for review and approval.

If you need answers to IFSP-related questions, please visit the My Life, My Community website at <https://mylifemycommunityvirginia.org>.



Virginia Department of
Behavioral Health &
Developmental Services

