

# IFSP Funding Quick Reference

The **Waitlist and IFSP Portal** is a website that can be used by a person (or their Custodial Family Member) currently on the Virginia DD Waiver Waiting List to apply for financial assistance to cover eligible costs that support continued living in an independent setting.

If you are currently living in your own home or family home, go to: <https://www.dbhds.virginia.gov/ifsponline> to apply!

Application available in English and Spanish!

If you need assistance, contact (844) 603-9248



## Step 1: Log In

At the Portal login page, add the credentials for the Applicant (Applicant = the person on the Waitlist):

1. Click on **Login to IFSP Portal**
2. Add Applicant's **Last Name**
3. Add Applicant's **Last 6 digits of SSN #**
4. Add Applicant's **Date of Birth**
5. Click on **Login**

## Step 2: Start Application

1. Click on **Start New Application** (top right).

Are you currently living in your own home or family home?

No Yes

2. Click on **Yes** at prompt, If person is **currently living in own home or family home**.

## Step 3: Review & Verify

1. Review person's mailing address and email; and confirm that the SSN is correct.
  - If changes need to be made, or an email needs to be added, click on **Yes** to update this information.
  - If no changes are needed, scroll to answer "Responsible Party" question (See Step 4).

**Note:** Contact your CSB or Support Coordinator if this information needs to be updated for anything other than IFSP funding.

## Funding Cycle - Max

Only 1 application is allowed for submission during the funding cycle

- **\$1000 Max for Priority 1**
- **\$500 Max for Priority 2 and 3**

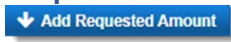
**Note:** No need to know your priority number before applying. The priority automatically populates in the application.

## Step 4: Responsible Party

The "Responsible Party" is either the Applicant (if 18 years or older), or their Custodial Family Member

1. Scroll down if necessary to answer question: **Is the Applicant the same as the Responsible Party? (Yes or No)**.
  - If the person completing the application is the applicant, select **Yes**.
  - If the person completing the application is the Custodial Family Member, select **No**, then add the Custodial Family member's information.

## Step 5: Select Category / Items

1. Under **Funding Category** click the acknowledgement **check box**.
2. Click the drop-down arrow to select category (**Safe Living, Improved Health Outcomes and/or Community Integration**).
3. Select an **Item** from a list of approved items and services.
4. Enter the **Requested Dollar Amount (\$)** per category / item.
5. Click the **Add Requested Amount** button.  

6. Continue adding Categories, Items and Requested \$ amounts as needed.

**Note:** The Requested \$ Amount entered will be rounded to the nearest dollar./

# IFSP Funding Quick Reference

(Continued)

Waitlist and IFSP Portal – Go to: <https://www.dbhds.virginia.gov/ifsonline> to apply!

Application available in English and Spanish!

If you need assistance, contact (844) 603-9248



## Step 6: Acknowledge and Sign Application

1. Click each of the 3 acknowledgement check boxes.

**Signature**

**Applicant Required Acknowledgments**

- I certify that the requested services or items are needed to support the continued residence of the individual with ID/DD in his/her own or the family home and no other public funding sources are available. \*
- I agree to provide to the department, if requested, documentation to establish that the requested funds were used to purchase only approved services or items indicated in this application. \*
- I understand that failure to provide documentation, when requested, that the requested funds applied for were used to purchase only approved services or items described in this application may result in recovery of such funds and denial of subsequent funding requests. \*

**Signature**

Type of Signature: \* Applicant Written

Name: \* Candy Hart

Date: 9/14/2023

2. Click the **Type of Signature** drop down arrow to select **Applicant** or **Custodial Family Member** (a.k.a. the responsible party).

3. Select signature type **Written** or **E-signature**.

- If Type = **Written**, type in the first and last name of the responsible party (the date is auto-filled).
- If Type = **E-signature**, use your mouse to draw your signature within the box, then type in the first and last name of the responsible party in the **Name** field (the date is auto-filled).

## Step 7: Save and Submit Application

1. Click on the **Save Changes** button (top right). Save Changes Submit
2. After review and when you are ready, click on the **Submit** button (top right).
3. Click on **Continue** to confirm.

Once the application is submitted:

- The application is assigned an Application ID and is submitted for review
- Use Application ID as a reference for your records and future communication
- The application status is "Pending Approval"
- A System email will be sent to the responsible party's email address

**Note:** To make changes to a submitted application before the funding application period closes, click on the **Withdraw** button, make changes, and resubmit.