

Individual and Family Support Program (IFSP)

***Apply for Funds Using the
DBHDS Waitlist and IFSP Portal***

A Life of Possibilities for All Virginians

User Guide

Copyright 2024 by Virginia Department of Behavioral Health & Developmental Services (DBHDS). All rights reserved. No part of this User's Guide may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, storage in an information retrieval system, or otherwise, without express written permission from DBHDS, 1220 Bank Street, Richmond, VA, 23219.

Names, businesses or places, events contained in the graphics and examples in this document are not real and are strictly for educational purposes. Any resemblance to actual persons, living or dead, or actual events is purely coincidental.

Created and customized by WaMS Administration, DBHDS Division of Developmental Services. Dated September 19, 2024.

1220 BANK STREET • P.O. BOX 1797 • RICHMOND, VIRGINIA 23218-1797

PHONE: (804) 786-3921 • FAX: (804) 371-6638 • WEB SITE: WWW.DBHDS.VIRGINIA.GOV

TABLE OF CONTENTS

- About The Waitlist and IFSP Portal 1**
 - Eligibility 1
 - Steps to Apply 2
 - Login Requirements 2
 - Submissions - Priority 1, 2 or 3..... 2
- Getting Started 3**
 - Log In to IFSP Portal..... 3
 - The IFSP Portal Home Page 4
- Apply for Funds (You’re the Applicant / Age 18 & Older) 5**
 - Start New Application 5
 - Verify Address, Email, SSN 6
 - Update Applicant Contact Information / SSN 6
 - Responsible Party 8
 - Complete Funding Category section 8
 - Statement..... 9
 - Categories..... 10
 - Edit Categories / Items / Amounts 13
 - Delete Items 15
 - Acknowledgements and Signature..... 15
 - Signature 16
 - Save Changes..... 17
 - Submit Application 18
 - View IFSP Applications 18
- Apply for Funds (You’re the Custodial Family Member) 20**
 - Start New Application 20
 - Verify Address, Email, SSN 21
 - Update Applicant Contact Information / SSN 21
 - Responsible Party 23
 - Complete Custodial Family Member section 24
 - Statement..... 25
 - Categories..... 26
 - Edit Categories / Items / Amounts 29
 - Delete Items 30

Acknowledgements and Signature.....	30
Signature	31
Save Changes.....	32
Submit Application	33
View IFSP Applications	33
Apply for Funds (For Child / Under Age 18).....	35
Start New Application	35
Verify Address, Email, SSN	36
Update Applicant Contact Information / SSN	37
Complete Custodial Family Member section	38
Complete Funding Category section	38
Statement.....	39
Categories.....	40
Edit Categories / Items / Amounts	43
Delete Items	44
Acknowledgements and Signature.....	44
Signature	45
Save Changes.....	46
Submit Application	47
View IFSP Applications	47
Print Application	49
Print Application.....	49
Email Notifications.....	50
Application Submitted Email.....	50
Application Approved Email	51
Application Denied Email	52
Appeals	52
Modify Application	53
Withdraw Application	53
Discard Application	54
Track Application	55
Application Status	55
Check Status Online.....	55

Sign Out of Portal.....	57
Funding Period.....	58
Open Funding Period.....	58
Closed Funding Period.....	58
Getting Help	59
The Portal URL.....	59
Community Services Board	59
IFSP Application Help	59
IFSP Information.....	59
IFSP Guidelines	59
IFSP Email List.....	59
WaMS Help Desk.....	59
Individual and Family Support Program (IFSP).....	59
Acronyms and Abbreviations	60
Index	61

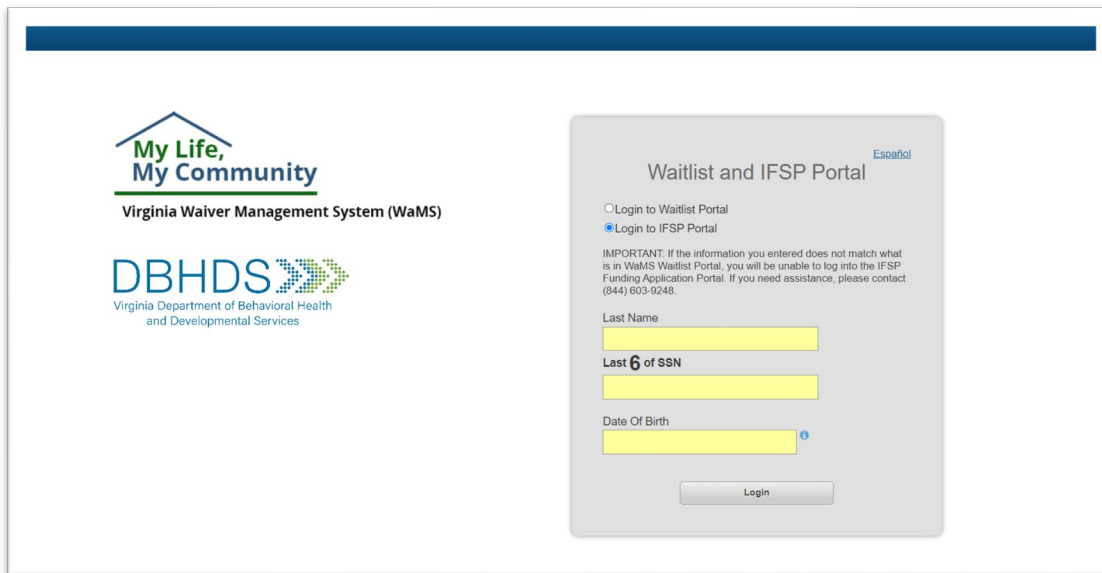
ABOUT THE WAITLIST AND IFSP PORTAL

The Department of Behavioral Health and Developmental Services (DBHDS) **Individual and Family Support Program (IFSP)** provides direct assistance to families and individuals who are on the *Virginia DD Waiver Waiting List* (the DD Wait List). Persons with a developmental disability who are on the DD Wait List (or their *Custodial Family Member* (a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides)) are eligible to apply. IFSP funds cover the cost of a variety of items that help an individual who is living in a community setting. For a list of covered expenses, please review the [IFSP Funding Program Guidelines](#) on *My Life, My Community*.

Note: If you need assistance applying for IFSP funds, please call 844-603-9248.

If you have a question about the DD Wait List forms, please call 804-840-5951.

The DBHDS **Waitlist and IFSP Portal** (the Portal) is a website that can be used by a person currently on the DD Wait List (or their Custodial Family Member) to apply for IFSP funds. The Portal can also be used to ensure a person remains on the DD Wait List and/or complete their “Individual Choice” and the “Needed Services” wait list forms.



Eligibility

Applications may be submitted by either the person who is on the DD Wait List or their Custodial Family Member applying on behalf of the person(s) on the DD Wait List. The person completing the online application is also known as the “Responsible Party”. To be eligible, the applicant must meet all the following criteria when funds are requested:

DD Wait List: The applicant must be on the DD Wait List in the DBHDS Waiver Management System (WaMS).

Living Situation: The applicant must be living in his or her own home or in a family home.

Steps to Apply

The application for IFSP Funds can be completed in 3 steps:

Step 1: Complete Information about the Applicant

- Log In with appropriate credentials (see *Add Credentials* section on next page)
- Verify Information (Applicant / Responsible Party)

Step 2: Complete Information about the Funds

- Acknowledge and complete information regarding needs (Safe Living, Improved Health Outcomes and/or Community Integration)
- Select Planned Use of Funds and indicate Dollar (\$) Amount

Step 3: Sign and Submit Application

- Acknowledge and Sign (Applicant / Responsible Party)
- Submit the Application

Login Requirements

The following is needed to log in to the Portal and apply for funds:

- The Applicant must **be on the DD Wait List** in WaMS
- Be able to provide the **Last Name** in Person's WaMS record
- Be able to provide the **Last 6 digits** of the **Social Security Number** in Person's WaMS record
- Be able to provide the Person's **Date of Birth** in Person's WaMS record

IMPORTANT: If the information entered is incorrect, you will not be able to log in. If you need assistance, please contact 844-603-9248.

Submissions - Priority 1, 2 or 3

Only one application is allowed for submission during each funding cycle.

- Priority 1: A maximum of \$1,000 is allowed
- Priority 2 and 3: A maximum of \$500 is allowed

Note: There is no need to know your priority number before applying. The priority automatically populates in the application.

GETTING STARTED

The Portal can be used by the person on the DD Wait List (if age 18 years or older), or the responsible party (on behalf of the person) (the *Applicant / Responsible Party*) to apply for funds. One application per fiscal year is allowed per person.

Log In to IFSP Portal

Use the credentials of the person on the DD Wait List to log in to the Portal.

Go to: <https://www.dbhds.virginia.gov/ifsponline>.

The Waitlist and IFSP Portal Login window appears on the right side of the screen.

To view the Login Page in Spanish, click on the *Español* link in the top right corner.

Add Credentials for Person on DD Wait List:

1. Click **Login to IFSP Portal**.
2. Type the **Last Name** of the person you wish to apply for funds for (on the DD Wait List).
3. Type the **Last 6 digits** of the person on the DD Wait List's Social Security Number (**SSN**).
4. Type the person on the DD Wait List's **Date of Birth**.
5. Click on **Login**.

The IFSP Portal Home Page will appear.

Note: If any of the information (credentials) is typed incorrectly OR the person is not on the DD Wait List, the following error message will appear:

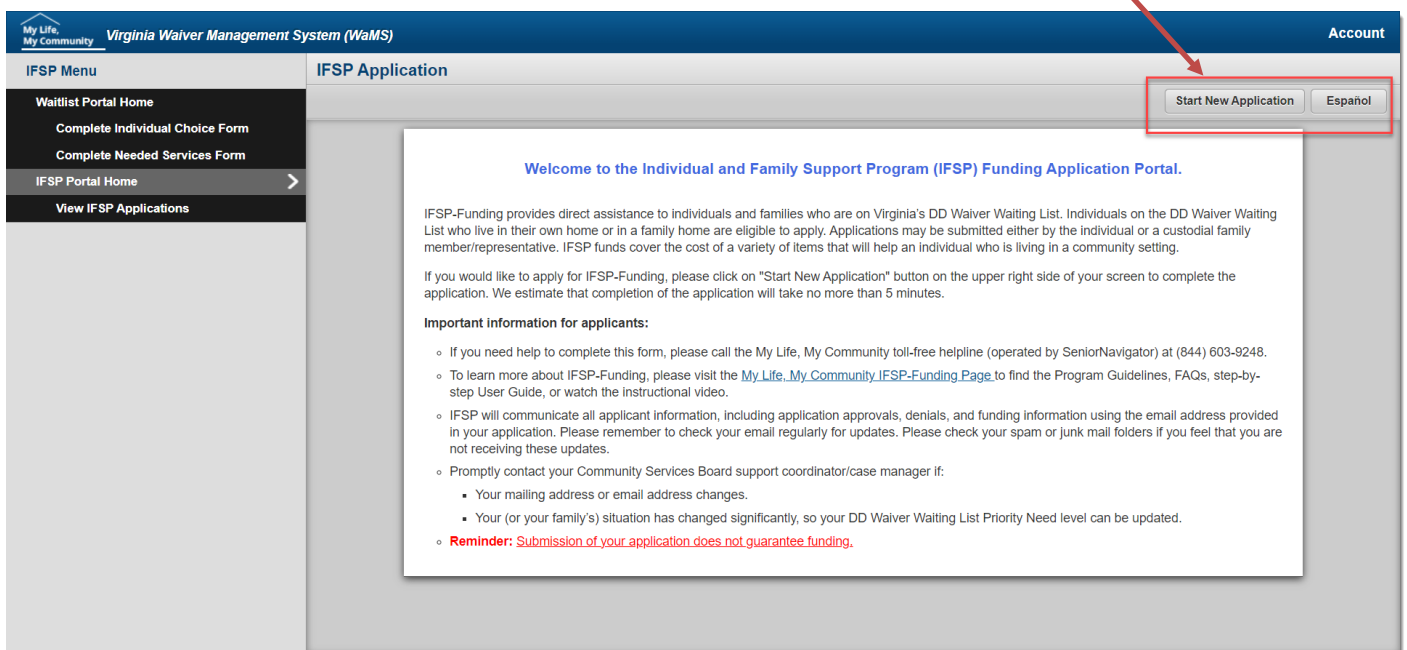
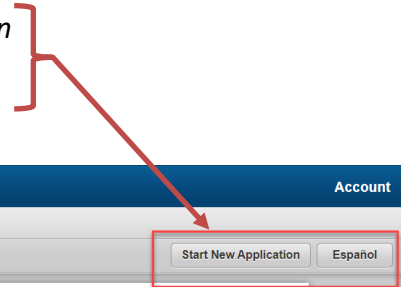
Error: The information entered cannot be matched to a record in the system. Please check the information accuracy and try again. If you need assistance, please contact 804-840-5951.

The IFSP Portal Home Page

The **ISP Portal Home / Welcome** page is where to find general information about IFSP funding, the option to view applications once started, as well as access the *Waitlist Portal Home* page to complete DD Waitlist forms.

The IFSP Portal Home page is where the IFSP application process begins! (Start New Application).

- To begin a new application, click on the **Start New Application** button
- To view the Home Page in Spanish, click on the **Español** button



Note: Before applying for IFSP Funds, please verify that you or the person you are submitting the application for is currently on the DD Wait List.

Verify this information by contacting your support coordinator/case manager at your local CSB. [Click here to find your local CSB.](#)

APPLY FOR FUNDS (YOU'RE THE APPLICANT / AGE 18 & OLDER)

Only the "Responsible Party" can apply for funds. The *Responsible Party* is either the *Applicant* (if age 18 years or older), or the Applicant's *Custodial Family Member*. A *Custodial Family Member* is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

The IFSP Funding online application is divided into 3 parts:

1. **Applicant Section**
 - Use this section to provide information about the Applicant and / or the Applicant's Custodial Family Member
2. **Funding Category**
 - Use this section to provide details about needs and requested dollar amount
3. **Signature**
 - Use this section to acknowledge, certify, agree, and sign the application

Note: To display in Spanish, click on the **Español** button located in the top right corner.

STEP 1: COMPLETE APPLICANT INFORMATION

Start New Application

Use the following steps to apply for funds if you are the applicant and you are over age 18.

Note: It is recommended to review the [Funding Guidelines](#) prior to starting an application .

While on the IFSP Home Page:

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

Start New Application

The question regarding living in your own or family home appears:

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

No Yes

Note: Applicant must live in his or her own home or in a family home to apply for funds.

2. Click on **Yes** to confirm applicant lives in own home or family home.

*The application opens displaying default information about the applicant. **Note: It is important to review the information to ensure that it is accurate.** (See graphic below).*

Applicant Section

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

Individual's Information

Individual's First Name:	Marcy
Individual's Last Name:	D'arcy
Individual's DOB:	08/09/2002
Individual's CSB:	BLUE RIDGE CSB
Individual's Priority Level:	Priority 1
Application ID:	

Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application?
* Yes No

Individual's Mailing Address

Street Address 1: *	3928 Chicago Avenue
Apt./Unit:	#2B
City: *	Richmond
State: *	Virginia
Zip Code: *	23235
Individual's Email: *	mdarcy@nmail.com
Individual's SSN: *	692842291

Responsible Party

NOTE: Only the Responsible Party can apply for funds. The Responsible Party is either the Applicant (if 18 years of age or older) or the parent/guardian of the applicant.

Note: If you need assistance in completing the application, the help desk number is at the top of the application.

Note: You will not be able to change the information in gray (Individual's Name, DOB, CSB, Priority Level or Application ID) fields.

Note: Please review mailing address, email, and SSN for accuracy (click Yes to update if necessary).

Verify Address, Email, SSN

1. Review the *Mailing Address, Email and Social Security Number* to ensure it is accurate.

If no changes need to be made, scroll to the *Responsible Party* section. (See *Update Applicant Contact Information / SSN* section below for steps to update the applicant's contact information for the application).

Update Applicant Contact Information / SSN

If the applicant's contact information (mailing address, email) and/or social security number is not correct or to add an email address,

1. Click on **Yes** to the question *"Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application?"*

Note: All changes made are for the purpose of applying for funds only. Information updated on the application will not be updated in the official record. Please contact your CSB to update the record in WaMS.

The “Contact your CSB or Support Coordinator if this information needs to be updated for anything other than IFSP funding.” note appears in blue.

2. Click in each field to update the information as appropriate (e.g., add or change apartment number in Apt./Unit field):

Applicant Section

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

Individual's Information

Individual's First Name: Marcy

Individual's Last Name: D'arcy

Individual's DOB: 08/09/2002

Individual's CSB: BLUE RIDGE CSB

Individual's Priority Level: Priority 1

Application ID:

Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application? Yes No

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

Note: The email address listed here is where IFSP notifications will be sent (e.g., when your application has been approved or denied). Be sure to use an email address that you check regularly.

Individual's Street Address: 3928 Chicago Avenue

Individual's Apt./Unit: #2B

Individual's City: Richmond

Individual's State: Virginia

Individual's Zip Code: 23235

Individual's Email Address: mdarcy@nmail.com

Individual's SSN: 692842291

No Email Address: A valid email address is required in the *applicant's email address* field. If you do not have an email address, it is recommended that you sign up for a free email address (e.g., gmail, yahoo).

Note: Any change or update made in the application to the mailing address, email address or SSN will only update your information related to this IFSP Funding cycle application.

If changes need to be made permanently to the applicant’s record in WaMS, please contact your CSB support coordinator.

Responsible Party

Confirm that you are the responsible person applying for the funds (*This is required*).

1. Scroll down, if necessary, to the **Responsible Party** section.
2. Click **Yes**, to the question “*Is the Applicant the same as the Responsible Party?*”

This statement confirms that person completing the application is the responsible party.

Responsible Party

NOTE: Only the Responsible Party can apply for funds. The Responsible Party is either the Applicant (if 18 years or older), or their Custodial Family Member. A Custodial Family Member is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

Is the Applicant the same as the Responsible Party? * Yes No

STEP 2: COMPLETE INFORMATION ABOUT THE FUNDS

Complete Funding Category section

The **Funding Category** can be completed in several steps. First affirm and acknowledge that you are applying for IFSP Funding for your specified category (*Priority 1, or Priority 2 or 3*). Next, select the appropriate funding Category, then choose the Item or service. Type in the dollar amount and “add requested amount” to the *Current Funding Categories* section. Repeat these steps as needed.

When items and services are added, the **Total Requested Dollar** amount (automatically calculated and rounded to the nearest dollar) will display. The amount(s) entered cannot equal more than the total amount allowed. See step-by-step instructions below:

Note: It is recommended to review the [Funding Guidelines](#) prior to starting an application.

Statement

1. In the **Funding Category** section, click the **Checkbox** to select “I understand and acknowledge that I am applying for IFSP-Funding in Category of [Priority X] for a maximum amount of [\$X].”

Funding Category

Statement

You are eligible to apply for IFSP-Funding in the Category of Priority 1. You may apply for any amount up to \$1,000. If you believe your priority status is incorrect or needs to be updated, please contact your case manager/support coordinator.

I understand and acknowledge that I am applying for IFSP-Funding in Category of Priority 1 for a maximum amount of \$1,000. *

Please review Section IV of covered and non-covered items in the IFSP-Funding Program Guidelines at <https://dbhds.virginia.gov/assets/MyLifeMyCommunity/IFSP-Funding/IFSP-Funding%20Program%20Guidelines%20and%20FAQs.pdf>

Categories

Select Need Category Type: *

Item: *

Requested Amount \$: *

Total Requested Amount \$: 0

[Add Requested Amount](#)

Current Funding Categories

Select Need Category Type	Item	Requested Amount \$	Actions
---------------------------	------	---------------------	---------

Total Requested Amount \$: 0

Note: To review guidelines for covered and non-covered items, click on the link here.



Funding Category

Statement

You are eligible to apply for IFSP-Funding in the Category of Priority 1. You may apply for any amount up to \$1,000. If you believe your priority status is incorrect or needs to be updated, please contact your case manager/support coordinator.

I understand and acknowledge that I am applying for IFSP-Funding in Category of Priority 1 for a maximum amount of \$1,000. *

Please review Section IV of covered and non-covered items in the IFSP-Funding Program Guidelines at <https://dbhds.virginia.gov/assets/MyLifeMyCommunity/IFSP-Funding/IFSP-Funding%20Program%20Guidelines%20and%20FAQs.pdf>

Categories

Select Need Category Type: *

Item: *

Select the "Need Category Type" then choose available Item to add.

Requested Amount \$: *

Total Requested Amount \$: 0

[Add Requested Amount](#)

Current Funding Categories

Select Need Category Type	Item	Requested Amount \$	Actions
---------------------------	------	---------------------	---------

Total Requested Amount \$: 0

Categories

1. In the *Categories* section, click the **Select Need Category Type** drop down arrow to select a category (**Safe Living**, **Community Integration**, or **Improved Health Outcomes**).

The list of items and services associated with the selected category appears.

The screenshot shows the 'Categories' section of the IFSP portal. It features a dropdown menu for 'Select Need Category Type' with 'Safe Living' selected. Below this is a list of items and services, including 'Adaptive furniture', 'Appliances', 'Backup generator', 'Fencing', 'Furniture, including beds, sofa, chairs, tables', 'General home repairs', 'Handrails and grab bars', 'Heating, cooling, and plumbing systems conv', 'Home modifications to improve accessibility, bathroom remodels, and driveway installation', and 'Home security systems, including home alarms and cameras'. A 'Requested Amount \$' field is present, and a 'Total Requested Amount \$' field at the bottom shows '0'. Annotations include a red box around the dropdown menu (1), a red box around the list of items (2), and a red box around the 'Requested Amount \$' field (3). Notes provide instructions on using the 'info' icon and scrolling through the list.

Categories

Select Need Category Type: **Safe Living** **1**

Item: **Note:** For instructions on completing the Categories section hover mouse over the blue "info" icon

2

Note: List of items & services.

Note: The list includes items and services for each of the Need Category Types eligible for funding as allowable under the IFSP. Use the scroll bar to view the entire list.

Requested Amount \$: **3**

Total Requested Amount \$: 0

2. Scroll to view all eligible items and services, then click on an **item** to select. The selected item is highlighted in blue and is added in the **Item** field (see graphic below).
3. Type the amount in the **Requested Amount \$** field.

Categories

Select Need Category Type: **Safe Living**

Item: **Handrails and grab bars**

Requested Amount \$: **189.99**

Total Requested Amount \$: 0

[Add Requested Amount](#)

Note: Only one item can be selected and added at a time.

4. Click on the **Add Requested Amount** button.



The requested amount is added to the “Current Funding Categories” section, **rounded to the nearest dollar.**

The grand Total Requested Amount (rounded to the nearest dollar) is displayed both above and below the “Add” button (shown below):

Requested Amount \$: **189.99**

Total Requested Amount \$: **190**

[Add Requested Amount](#)

Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	190	Edit Delete

Total Requested Amount \$: **190**

Note: The requested amount is rounded up from \$189.99 to \$190.

- Continue adding *Category*, *Item* and *Requested Amount \$* as necessary (up to the maximum amount allowed for the priority). See example below:

Add Requested Amount

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	190	Edit Delete
Safe Living	Wheelchair ramp and other ramps	200	Edit Delete
Improved Health Outcomes	Medication	110	Edit Delete
Community Integration	Day support programs	500	Edit Delete

Total Requested Amount \$:

If the total dollar amount(s) entered equals more than the total amount allowed, an error message appears letting you know the amount requested is over the funding limit.

⚠ (1) Error(s) ▼

Error: Total amount requested may not exceed \$1000 ✕

📌
Dismiss All

Note: If you receive this error message, please adjust the amount requested as to not exceed the maximum \$ amount.

Click on **Dismiss All** to close the pop-up error message.

Note: The total dollar amount included cannot exceed \$1,000 if Priority 1 or \$500 if Priority 2 or 3.

The items added to the *Current Funding Categories* section can be edited or removed, if desired (see Edit and Delete options below).

Changes can be made to the *Categories, Items* and/or *Requested Amounts* prior to an application being submitted. Once items have been added to the *Current Funding Categories*, list, the **Edit** and **Delete** options will be available for each item. To make changes to the items see steps below:

Note: To modify an application after it has been submitted, it must first be Withdrawn. See steps to Withdraw Application section below.


Edit Categories / Items / Amounts

To change the Category, Item or Requested Amount added to the *Current Funding Categories* list,

1. Click on **Edit** under the *Actions* column for the Category, Item or Requested Amount that needs to change.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	190	Edit Delete
Safe Living	Wheelchair ramp and other ramps	200	Edit Delete
Improved Health Outcomes	Medication	110	Edit Delete
Community Integration	Day support programs	500	Edit Delete

The selected row is highlighted in blue, denoting that it is in edit mode.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	190	
Safe Living	Wheelchair ramp and other ramps	200	 Editing...
Improved Health Outcomes	Medication	110	
Community Integration	Day support programs	500	

2. Scroll up to select a different Category, different Item, or service and/or edit the Requested Amount for the item / service.

3. Once all changes have been made for the item, click on the **Save Changes** button.

Select Need Category Type: **Safe Living**

Item: **General home repairs**

Requested Amount \$: **200**

Total Requested Amount \$: **1000**

Save Changes | Cancel and Undo Changes

Note: If no changes are needed after all, click on the **Cancel and Undo Changes** button.

The Current Funding Categories list is updated.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	190	Edit Delete
Improved Health Outcomes	Medication	110	Edit Delete
Community Integration	Day support programs	500	Edit Delete
Safe Living	General home repairs	200	Edit Delete

Delete Items

To delete an Item from the *Current Funding Categories* list,

1. Click on **Delete** under the *Actions* column for the Item that needs to be removed.

Note: When an item is deleted, it cannot be brought back. Add item again if needed.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	190	Edit Delete
Safe Living	Wheelchair ramp and other ramps	200	Edit Delete
Improved Health Outcomes	Medication	110	Edit Delete
Community Integration	Day support programs	500	Edit Delete

The item is permanently removed, and the Total Requested Amount is updated.

STEP 3: SIGN AND SUBMIT APPLICATION

Acknowledgements and Signature

1. Scroll down, if necessary, to **Signature** section.
 - a. Click to: **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.**
 - b. Click to: **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.**
 - c. Click to acknowledge understanding 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

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

There are two types of signatures for the IFSP application. The Responsible Party can either type their first and last name (*Written*) or draw their signature (*E-signature*).

Note: When selecting the *Written Signature* option, all that is required is to type in your first and last name.

To Add Written Signature:

1. Click the *Type of Signature* down arrow and select **Applicant**.
2. Click the down arrow to the right of the applicant field and select **Written**.
3. Click in the *Name* field and type the Applicant's (*a.k.a. Responsible Party*) Name.

The screenshot shows a form titled "Signature" with three input fields: "Type of Signature:", "Name:", and "Date:". The "Type of Signature:" field has a dropdown menu with "Applicant" selected. The "Name:" field contains "Marcy D'Arcy". The "Date:" field contains "9/19/2024". A note box on the right points to the date field with the text: "Note: The date is auto-populated with current day's date."

OR:

To Add E-Signature:

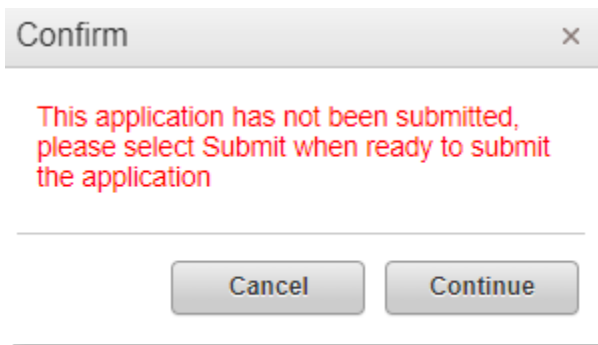
1. Click the *Type of Signature* down arrow and select **Applicant**.
2. Click the down arrow to the right of the *Applicant* field and select **E-Signature**.
3. Use the mouse or stylus to draw and sign name within the box.
 - a. Click on the **Clear** button to redraw signature.
4. Click in the *Name* field and type the Applicant's (*a.k.a. Responsible Party*) Name.

The screenshot shows a 'Signature' section. At the top, there are two dropdown menus for 'Type of Signature' with 'Applicant' and 'E-Signature' selected, and a 'Clear' button. Below this is a large signature area containing a handwritten signature 'Marcy D'Arcy'. Underneath the signature area are three input fields: 'Name: *' with 'Marcy D'Arcy', 'Date: *' with '9/19/2024', and a 'Note: You must also type First and Last name here.' box with an arrow pointing to the name field.

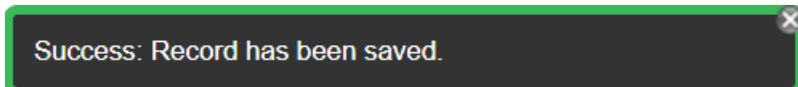
Save Changes

The application cannot be saved until ALL required fields (denoted with red asterisks (*)) have been entered in the application. Once an application is complete, it is a good idea to save and review *before* submitting the application for review.

1. Click on the **Save Changes** button (top right)
2. A prompt appears to state that the application has not yet been submitted.



3. Click on **Continue** to review your application before submitting.



Note: Changes can be made to the application as often as needed prior to submission. Be sure to click on “Save Changes” after making a change.

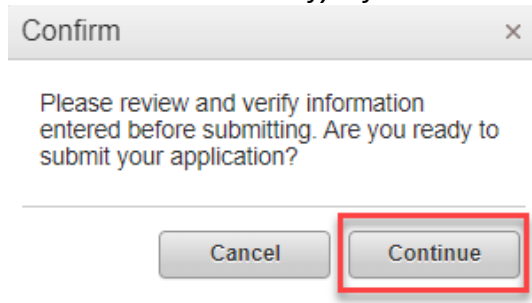
Submit Application

First, review the application to ensure the information is accurate. Once all information has been added and any necessary changes have been made and saved, the application can be submitted to be reviewed by the IFSP Staff.

1. Click on the **Submit** button (top right).



2. The **Confirm** dialog box appears stating *"Please review and verify information entered before submitting."*



Once verified, if you are ready to submit the application,

3. Click on **Continue**. The green *"Success: Application Submitted"* message briefly appears.

- 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 generated (no reply) email will be sent to the email address listed in the "Individual's Email" field (see examples in the **Email Notifications** section below)

Note: Changes can be made by withdrawing an application after it is submitted, but only if it is during the Open Funding Period and the application status is "Pending Approval." Once the funding period ends, you cannot withdraw, change or cancel the application.

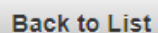
See **Withdraw Application** section for step-by-step instructions.

View IFSP Applications

Once an application has been started, it can be seen in the **View IFSP Application** list. To see a list of applications and see the status (including applications from previous funding cycles),

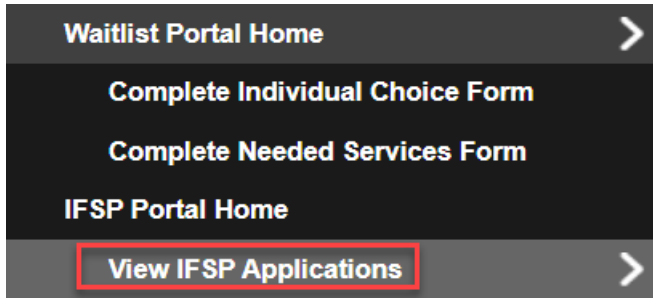
If the application is open,

1. Click on the **Back to List** button (top left)



If at the **Portal Home** page,

1. Click on *View IFSP Applications* link



The IFSP Application list will display with the last application at the top of the list:

IFSP Application List				
Only 1 application is allowed for submission during the funding cycle				
\$1000 Max for Priority 1				
\$500 Max for Priority 2 and 3				
				Start New Application
Creation Date	Application ID	Submitted Date	Application Status	Actions
09/19/2024	FY2500683	09/19/2024	Pending Approval	Summary
10/02/2023	FY2400542	10/05/2023	Denied	Summary
09/27/2023	FY2400463	09/27/2023	Approved	Summary

- *Creation Date*
- *Application ID (reference number)*
- *Submitted Date*
- *Application Status*
- *Summary (Click Summary to review details of the application)*

APPLY FOR FUNDS (YOU'RE THE CUSTODIAL FAMILY MEMBER)

Only the “Responsible Party” can apply for funds. The *Responsible Party* is either the *Applicant* (if age 18 years or older), or the Applicant’s *Custodial Family Member*. A *Custodial Family Member* is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

The IFSP Funding online application is divided into 3 parts:

1. **Applicant Section**
 - Use this section to provide information about the Applicant and / or the Applicant’s Custodial Family Member
2. **Funding Category**
 - Use this section to provide details about needs and requested dollar amount
3. **Signature**
 - Use this section to acknowledge, certify, agree, and sign the application

Note: To display in Spanish, click on the **Español** button located in the top right corner **BEFORE** beginning the application process.

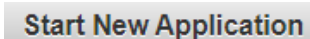
STEP 1: COMPLETE INFORMATION ABOUT THE APPLICANT

Start New Application

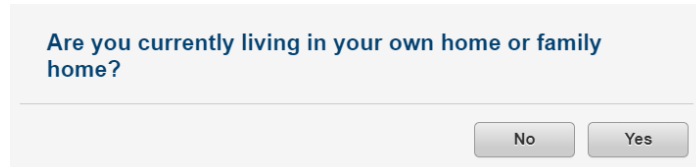
Use the following steps to apply for funds if you are the **Custodial Family Member** completing an application for a person over age 18.

Note: It is recommended to review the [Funding Guidelines](#) prior to starting an application.

While on the IFSP Home Page:

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

The question regarding living in your own or family home appears:



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

No Yes

Note: Applicant must live in his or her own home or in a family home to apply for funds.

2. To confirm applicant lives in own home or family home, click on **Yes**.

The application opens displaying default information about the applicant. **Note: It is important to review this information to ensure that it is accurate.** (See graphic below).

Applicant Section

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

Individual's Information

Individual's First Name: AI
 Individual's Last Name: Bundy
 Individual's DOB: 04/25/1998
 Individual's CSB: BLUE RIDGE CSB
 Individual's Priority Level: Priority 3
 Application ID:

Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application? Yes No

Individual's Mailing Address

Street Address 1: * 182 Chicago Way
 Apt./Unit:
 City: * Richmond
 State: * Virginia
 Zip Code: * 23235

Individual's Email: * 2happy@trainreg.net
 Individual's SSN: * 692581882

Responsible Party

NOTE: Only the Responsible Party can apply for funds. The Responsible Party is either the Applicant (if 18 years or older), or the Member. A Custodial Family Member is a family member who has primary authority to make all major decisions affecting the

Note: If you need assistance in completing the application, the help desk number is at the top of the application.

Note: You will not be able to change the information in gray (Individual's Name, DOB, CSB, Priority Level or Application ID) fields.

Note: Please review mailing address, email, and SSN for accuracy (click Yes to update if necessary).

Verify Address, Email, SSN

1. Review the *Mailing Address, Email and Social Security Number* to ensure it is accurate.

If no changes need to be made, scroll, if necessary, to the *Responsible Party* section. (See section below for steps to update the applicant's mailing, email and SSN).

Update Applicant Contact Information / SSN

If the applicant's contact information (mailing address, email) and/or social security number is not correct or to add an email address,

1. Click on **Yes** to the question "Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application?"

The "Contact your CSB or Support Coordinator if this information needs to be updated for anything other than IFSP purposes." note appears in blue.

2. Click in each field (in yellow) to update the information as appropriate (e.g., add or change apartment number in Apt./Unit field):

Note: Changes made are for the purpose of applying for funds only and do NOT update the applicant's official record in WaMS.

Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application? Yes No **1**

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

Individual's Mailing Address

Street Address 1: * **Note:** Be sure to only add apartment number or units in the Apt. / Unit field. **2**

Apt./Unit:

City: *

State: *

Zip Code: *

Individual's Email: *

Individual's SSN: *

Responsible Party

No Email Address: A valid email address is required in the *applicant's email address* field. If you do not have an email address, it is recommended that you add the Custodial Family Member's email address in this location or sign up for a free email address or a (e.g., gmail, yahoo).

Note: Any change or update made in the application to the mailing address, email address or SSN will only update your information related to this IFSP Funding cycle application.

If changes need to be made permanently to the applicant's record in WaMS, please contact your CSB support coordinator.

Responsible Party

The person applying for the funds (the Applicant) is also the one filling out the form (the Responsible Party). If the person is over 18 and completing the form for themselves, the answer is "Yes." If the Custodial Family Member is filling it out for them, the answer is "No."



Responsible Party

NOTE: Only the Responsible Party can apply for funds. The Responsible Party is either the Applicant (if 18 years or older), or their Custodial Family Member. A Custodial Family Member is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

Is the Applicant the same as the Responsible Party? * Yes No

1. Click **No**, to the question "Is the Applicant the same as the Responsible Party?".
The Custodial Family Member section appears.

Custodial Family Member

Custodial Family Member Full Name: *	<input type="text"/>
Custodial Family Member Date of Birth: *	<input type="text"/> 
Custodial Family Member SSN: *	<input type="text"/>
Custodial Family Member Mailing Address	
Street Address 1: *	<input type="text"/>
Street Address 2:	<input type="text"/>
City: *	<input type="text"/>
State: *	Virginia 
Zip Code: *	<input type="text"/>
Custodial Family Member Email: *	<input type="text"/>

Complete Custodial Family Member section

The Custodial Family Member (Responsible Party) filling out the application must provide their contact information. This will be used to share updates about the application, for example, when it is submitted, approved, or denied.

1. Click in each of the following required fields to add the appropriate information for the Responsible Party:

- a. **Custodial Family Member First Name**
- b. **Custodial Family Member Last Name**
- c. **Custodial Family Member Date of Birth** (*place your mouse pointer over the "info" icon for date format*)
- d. **Custodial Family Member SSN**
- e. **Street Address 1** (*and if necessary, Apt./Unit*)
- f. **City, State and Zip Code**
- g. **Custodial Family Member Email**
(*see graphic example below*):

IMPORTANT: Be sure to add the custodial family member's email address. The email address listed here is where IFSP notifications will be sent (e.g., when an application has been approved or denied). **Be sure to use an email address that you check regularly.**

Custodial Family Member

Custodial Family Member First Name: *	Peg
Custodial Family Member Last Name: *	Bundy
Custodial Family Member Date of Birth: *	11/25/1978 ⓘ
Custodial Family Member SSN: *	326921821
Custodial Family Member Mailing Address	
Street Address 1: *	182 Chicago Way
Apt./Unit:	C1
City: *	Richmond
State: *	Virginia ▼
Zip Code: *	23235
Custodial Family Member Email: *	2happy@trainreg.net

STEP 2: COMPLETE INFORMATION ABOUT THE FUNDS

The **Funding Category** can be completed in several steps. First affirm and acknowledge that you are applying for IFSP Funding for specified category (*Priority 1, or Priority 2 or 3*). Next, select the appropriate funding Category, then choose the Item or service. Type in the dollar amount and “add” to the *Current Funding Categories* section. Repeat these steps as needed.

When items and services are added, the **Total Requested Dollar** amount (automatically calculated and rounded to the nearest dollar) will display. The amount(s) entered cannot equal more than the total amount allowed. See step-by-step instructions below:

Note: It is recommended to review the [Funding Guidelines](#) prior to starting an application.

Statement

1. In the **Funding Category** section, click the **Checkbox** to select “I understand and acknowledge that I am applying for IFSP-Funding in Category of [Priority X] for a maximum amount of [\$X].”

Funding Category

Statement

You are eligible to apply for IFSP-Funding in the Category of Priority 3. You may apply for any amount up to \$500. If you believe your priority status is incorrect or needs to be updated, please contact your case manager/support coordinator.

I understand and acknowledge that I am applying for IFSP-Funding in Category of Priority 3 for a maximum amount of \$500.*

Please review Section IV of covered and non-covered items in the IFSP-Funding Program Guidelines at <https://dbhds.virginia.gov/assets/MyLifeMyCommunity/IFSP-Funding/IFSP-Funding%20Program%20Guidelines%20and%20FAQs.pdf>

Categories

Select Need Category Type:

Item:

Requested Amount \$:

Total Requested Amount \$:

Current Funding Categories

Select Need Category Type	Item	Requested Amount \$	Actions
---------------------------	------	---------------------	---------

Total Requested Amount \$:

Note: To review guidelines for covered and non-covered items, click on the link here.

Categories

1. In the *Categories* section, click the **Select Need Category Type** drop down arrow to select a category (**Safe Living, Community Integration, or Improved Health Outcomes**).

The list of items and services associated with the selected category appears.

Categories

Select Need Category Type: **Safe Living**

Item:

Note: For instructions on completing the Categories section hover mouse over the blue "info" icon.

- Adaptive furniture
- Appliances
- Backup generator
- Fencing
- Furniture, including beds, sofa, chairs, tables, lamps, and dressers
- General home repairs
- Handrails and grab bars
- Heating, cooling, and plumbing systems conversion, installation, and repairs
- Home modifications to improve accessibility, including door widening, additional flooring, kitchen or bathroom remodels, and driveway installations and window installation
- Home security systems, including home alarms and cameras

Note: List of items & services.

Note: The list includes items and services for each of the Need Category Types eligible for funding as allowable expenditures under the IFSP. Use the scroll bar to view the entire list.

Requested Amount \$

2. Scroll to view all eligible items and services, then click on an **item** to select. *The selected item is highlighted in blue and is added in the **Item** field (see graphic below).*

Categories

Select Need Category Type: **Safe Living**

Item:

- Adaptive furniture
- Appliances
- Backup generator
- Fencing
- Furniture, including beds, sofa, chairs, tables, lamps, and dressers
- General home repairs
- Handrails and grab bars**
- Heating, cooling, and plumbing systems conversion, installation, and repairs
- Home modifications to improve accessibility, including door widening, additional flooring, kitchen or bathroom remodels, and driveway installations and window installation
- Home security systems, including home alarms and cameras

Note: Only one item can be selected and added at a time.

Requested Amount \$

3. Type the amount in the **Requested Amount \$** field (step 1 below)
4. Click on **Add Requested Amount** (step 2 below).

The screenshot shows a list of need categories with 'Handrails and grab bars' selected. Below the list, the 'Requested Amount \$' field contains '59.95'. A red box highlights this field with a red circle containing the number '1'. Below the field is a 'Total Requested Amount \$' field showing '0'. A blue button labeled 'Add Requested Amount' with a downward arrow is highlighted with a red box and a red circle containing the number '2'. Below the button is a section titled 'Current Funding Categories' with a table header: 'Select Need Category Type', 'Item', 'Requested Amount \$', and 'Actions'. Below the table is another 'Total Requested Amount \$' field showing '0'.

The requested amount is added to the “Current Funding Categories” section, rounded to the nearest dollar

The grand Total Requested Amount (rounded to the nearest dollar) is displayed both above and below the “Add” button (shown below):

The screenshot shows the 'Total Requested Amount \$' field updated to '60'. A red arrow points from a note box to this field. Below the field is the 'Add Requested Amount' button. The 'Current Funding Categories' table now contains one row: 'Safe Living' (Select Need Category Type), 'Handrails and grab bars' (Item), '60' (Requested Amount \$), and 'Edit Delete' (Actions). A red box highlights this row. Below the table is another 'Total Requested Amount \$' field showing '60'. A red arrow points from the note box to this field.

Note: The amount is rounded up from \$59.95 to \$60.

- Continue adding *Category*, *Item* and *Requested Amount \$* as necessary (up to the maximum amount allowed for the priority). See example below:

Total Requested Amount \$:

↓ Add Requested Amount

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	60	Edit Delete
Improved Health Outcomes	Vision care, procedures, and equipment	400	Edit Delete

Total Requested Amount \$:

If the total dollar amount(s) entered equals more than the total amount allowed, an error message appears letting you know the amount requested is over the funding limit.

⚠ (1) Error(s) ▼

Error: Total amount requested may not exceed \$500 ✕

Note: If you receive this error message, please adjust the amount requested as to not exceed the maximum \$ amount.

Dismiss All

Click on **Dismiss All** to close the pop-up error message.

Note: The total dollar amount included cannot exceed \$1,000 if Priority 1 or \$500 if Priority 2 or 3.

The items added to the *Current Funding Categories* section can be edited or removed, if desired (see Edit and Delete options below).

Changes can be made to the *Categories, Items* and/or *Requested Amounts* prior to an application being submitted. Once items have been added to the *Current Funding Categories*, list, the **Edit** and **Delete** options will be available for each item. To make changes to the items see steps below:

Note: To modify an application after it has been submitted, it must first be Withdrawn. See steps to Withdraw Application section.

Edit Categories / Items / Amounts

To change the Category, Item or Requested Amount added to the *Current Funding Categories* list,

- Click on **Edit** under the *Actions* column for the Category, Item or Requested Amount that needs to change.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	60	Edit Delete
Improved Health Outcomes	Vision care, procedures, and equipment	400	Edit Delete

The selected row is highlighted in blue, denoting that it is in edit mode.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	60	Editing...
Improved Health Outcomes	Vision care, procedures, and equipment	400	

- Scroll up to select a different Category, different Item, or service and/or edit the Requested Amount for the item / service.
- Once all changes have been made for the item, click on the **Save Changes** button.

- General home repairs
- Handrails and grab bars
- Heating, cooling, and plumbing systems conversion, installation, and repairs
- Home modifications to improve accessibility, including door widening, additional flooring, kitchen or bathroom remodels, and driveway installations and window installation
- Home security systems, including home alarms and cameras
- Legal fees, including fees to establish guardianship, power of attorney, microboards, trusts, etc.
- Location devices and GPS trackers, including Project Lifesaver and AngelSense, personal alarms, locator services, and associated trainings
- Mattresses and bedding
- Respite

Requested Amount \$: *

Total Requested Amount \$:

Save Changes
Cancel and Undo Changes

Note: If no changes are needed after all, click on the **Cancel and Undo Changes** button.

The Current Funding Categories list is updated.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Improved Health Outcomes	Vision care, procedures, and equipment	400	Edit Delete
Safe Living	Handrails and grab bars	100	Edit Delete

Delete Items

To delete an Item from the *Current Funding Categories* list,

2. Click on **Delete** under the *Actions* column for the Item that needs to be removed.

Note: When an item is deleted, it cannot be brought back. Add item again if needed.

[↓ Add Requested Amount](#)

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Improved Health Outcomes	Vision care, procedures, and equipment	400	Edit Delete
Safe Living	Handrails and grab bars	100	Edit Delete

The item is permanently removed and the Total Requested Amount is updated.

STEP 3: SIGN AND SUBMIT APPLICATION

Acknowledgements and Signature

1. Scroll down if necessary to **Signature** section.
2. Click each of the 3 check boxes to:
 - a. Click to: **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.**
 - b. Click to: **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.**
 - c. Click to acknowledge understanding 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

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

There are two types of signatures for the IFSP application. The Responsible Party can either type their first and last name (*Written*) or draw their signature (*E-signature*).

Note: When selecting the *Written Signature* option, all that is required is to type in your first and last name.

To type in Custodial Family Member's name for the signature:

1. Click the *Type of Signature* down arrow and select **Custodial family member**.
2. Click the down arrow to the right of the applicant field and select **Written**.
3. Click in the *Name* field and type the Custodial Family Member's (*a.k.a. Responsible Party*) name.

Signature

Type of Signature: * Custodial family member Written

Name: * Peg Bundy

Date: 9/24/2024

Note: The date is auto-populated with current day's date.

OR:

To use E-Signature for the signature:

1. Click the *Type of Signature* down arrow and select **Custodial family member**.
2. Click the down arrow to the right of the *Custodial family member* field and select **E-Signature**.
3. Use the mouse or stylus to sign name within the box.
 - a. Click on the **Clear** button to redraw signature.

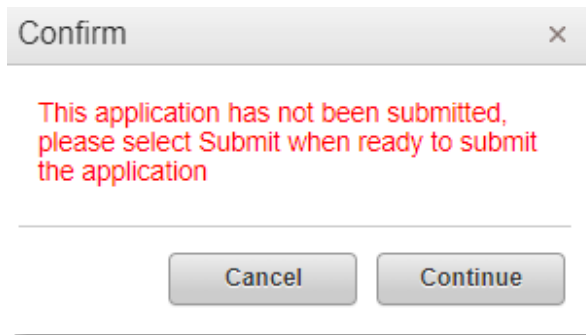
- Click in the *Name* field and type the Custodial Family Member's (a.k.a. Responsible Party) name.

The screenshot shows the 'Signature' section of the application form. At the top, there is a title 'Signature' and a 'Type of Signature:' field with a red asterisk. Below this are two dropdown menus: 'Custodial family member' and 'E-Signature', along with a 'Clear' button. The main area contains a large text box with a handwritten signature 'Peg Bundy'. Below the signature box, there are fields for 'Name:' (with a red asterisk) containing 'Peg Bundy', and 'Date:' containing '9/24/2024'. A red arrow points from a note box to the 'Name:' field. The note box contains the text: 'Note: You must also type first and Last name here.'

Save Changes

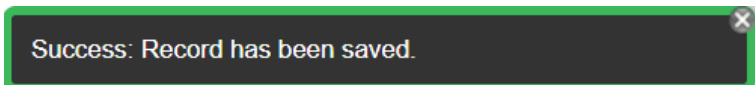
The application cannot be saved until ALL required fields (denoted with red asterisks (*)) have been entered in the application. Once an application is complete, it is a good idea to save and review *before* submitting the application.

- Click on the **Save Changes** button (top right)
- A prompt appears to state that the application has not yet been submitted.



- Click on **Continue** to review your application before submitting.

A Success: Record has been saved message appears.

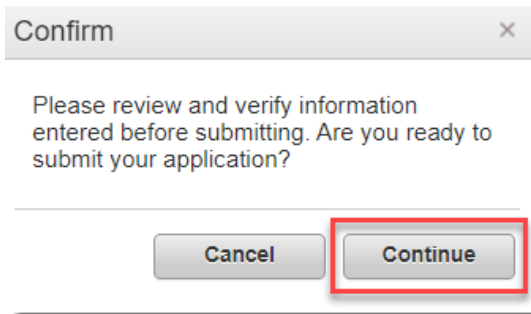


Note: Changes can be made to the application as necessary prior to submission. Be sure to click on "Save Changes" after making a change.

Submit Application

First, review the application to ensure the information is accurate. Once all information has been added and any necessary changes have been made and saved, the application can be submitted to be reviewed by the IFSP Staff.

1. Click on the **Submit** button (top right)
2. The **Confirm** dialog box appears asking “Are you ready to submit your application?”



3. Click on **Continue** to submit the application. *The green “Success: Application Submitted” message appears briefly appears.*
 - 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 generated (no reply) email will be sent to the email address listed in the “Individual’s Email” field (see examples in the **Email Notifications** section below)

Note: Changes can be made by withdrawing an application once it has been submitted as long as it is within the Open Funding Period, and when the application status is “Pending Approval”. Once the funding period closes, the application can no longer be withdrawn, edited or discarded.

See **Withdraw Application** section for step-by-step instructions.

View IFSP Applications

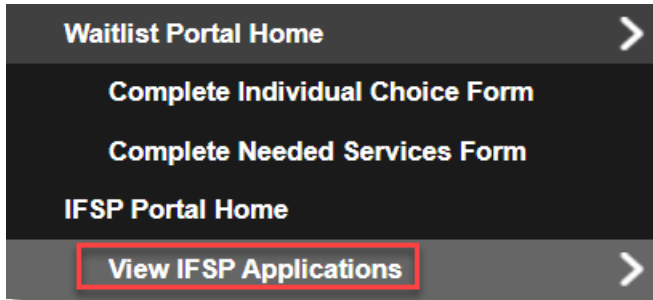
Once an application has been started, it can be found in the **View IFSP Application** list. To see a list of applications and the status (including applications from previous funding cycles),

If within an open application,

1. Click on the **Back to List** button (top left)

If at the **Portal Home** page,

2. Click on *View IFSP Applications* link



The IFSP Application list will display:

IFSP Application List				
Only 1 application is allowed for submission during the funding cycle				
\$1000 Max for Priority 1				
\$500 Max for Priority 2 and 3				
Start New Application				
Creation Date	Application ID	Submitted Date	Application Status	Actions
09/19/2024	FY2500690	09/24/2024	Pending Approval	Summary

- *Creation Date*
- *Application ID (reference number)*
- *Submitted Date*
- *Application Status*
- *Summary (Click Summary to review details of the application)*

APPLY FOR FUNDS (FOR CHILD / UNDER AGE 18)

Only the “Responsible Party” can apply for funds. The *Responsible Party* is either the *Applicant* (if age 18 years or older), or the Applicant’s *Custodial Family Member*. A *Custodial Family Member* is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

The IFSP Funding online application is divided into 3 parts:

1. **Applicant Section**
 - Use this section to provide information about the Applicant and the Applicant’s Custodial Family Member
2. **Funding Category**
 - Use this section to provide details about needs and dollar Amount
3. **Signature**
 - Use this section to acknowledge, certify, agree, and sign the application

Note: To display in Spanish, click on the **Español** button located in the top right corner **BEFORE** beginning the application process.

STEP 1: COMPLETE INFORMATION ABOUT THE APPLICANT

Start New Application

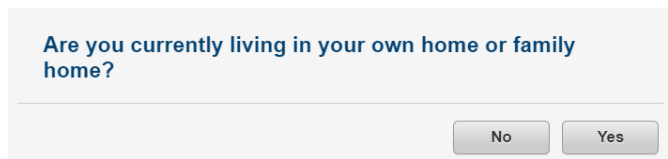
Use the following steps to apply for funds if you are the **Custodial Family Member** completing an application for a person under age 18.

While on the IFSP Home Page:

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

Start New Application

The question regarding if child lives in own or family home appears:



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

No Yes

2. Click on **Yes** to confirm applicant lives in own home or family home.

*The application opens displaying default information about the applicant. **Note: It is important to review this information to ensure that it is accurate.** (See graphic below).*

Applicant Section

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

Individual's Information

Individual's First Name:	Suzy
Individual's Last Name:	Cue
Individual's DOB:	06/29/2012
Individual's CSB:	BLUE RIDGE CSB
Individual's Priority Level:	Priority 1
Application ID:	

Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application?
* Yes No

Individual's Mailing Address

Street Address 1: *	6928 Clearwater Drive
Apt./Unit:	Apt. 2B
City: *	Richmond
State: *	Virginia
Zip Code: *	23235
Individual's Email:	
Individual's SSN: *	483691886

Responsible Party

NOTE: Only the Responsible Party can apply for funds. The Responsible Party is either the Applicant (if 18 years or older), or their Custodial Family Member. A Custodial Family Member is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

Custodial Family Member

Note: You will not be able to change the information in gray (Individual's Name, DOB, CSB, Priority Level or Application ID) fields.

Note: Please review mailing address, email, and SSN for accuracy (click Yes to update if necessary).

Verify Address, Email, SSN

1. Review the applicant/child's *Mailing Address, Email* and *Social Security Number* to ensure it is accurate.

If no changes need to be made, scroll, if necessary, to the *Responsible Party* section. (See *Update Applicant Contact Information / SSN* section below for steps to update the applicant's contact information for the application).

Update Applicant Contact Information / SSN

If the applicant/child’s contact information (mailing address, email) and/or social security number needs to be updated, or to add an email address:

1. Click on **Yes** to the question “Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application?”

The “Contact your CSB or Support Coordinator if this information needs to be updated for anything other than IFSP purposes.” note appears in blue.

2. Click in each field (in yellow) to update the information as appropriate (e.g., update Street Address or add apartment number in Apt./Unit field):

No Email Address: If the child does not have an email address, it is recommended to add the Custodial Family Member’s email address in the email field or sign up for a free email address (e.g., gmail, yahoo).

Note: Any change or update made in the application to the mailing address, email address or SSN will only update your information related to this IFSP Funding cycle application.

If changes need to be made permanently to the applicant’s record in WaMS, please contact your CSB support coordinator.

Complete Custodial Family Member section

The Custodial Family Member (Responsible Party) filling out the application must provide their contact information. This will be used to share updates about the application, for example, when it is submitted, approved, or denied.

1. Click in each of the following required fields to add the appropriate information for the Responsible Party:

- a. **Custodial Family Member First Name**
- b. **Custodial Family Member Last Name**
- c. **Custodial Family Member Date of Birth** (*place your mouse pointer over the "info" icon for date format*)
- d. **Custodial Family Member SSN**
- e. **Street Address 1** (*and if necessary, Apt./Unit*)
- f. **City, State and Zip Code**
- g. **Custodial Family Member Email**

(see graphic example below):

IMPORTANT: Be sure to add the custodial family member's email address. The email address listed here is where IFSP notifications will be sent (e.g., when an application has been approved or denied). **Be sure to use an email address that you check regularly.**

Responsible Party

NOTE: Only the Responsible Party can apply for funds. The Responsible Party is either the Applicant (if 18 years or older), or their Custodial Family Member. A Custodial Family Member is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

Custodial Family Member

Custodial Family Member First Name: *	<input type="text" value="Molly"/>
Custodial Family Member Last Name: *	<input type="text" value="Cue"/>
Custodial Family Member Date of Birth: *	<input type="text" value="11/25/1992"/> ⓘ
Custodial Family Member SSN: *	<input type="text" value="392391182"/>
Custodial Family Member Mailing Address	
Street Address 1: *	<input type="text" value="6928 Clearwater Drive"/>
Apt./Unit:	<input type="text" value="Apt. 2B"/>
City: *	<input type="text" value="Richmond"/>
State: *	<input type="text" value="Virginia"/>
Zip Code: *	<input type="text" value="23235"/>
Custodial Family Member Email: *	<input type="text" value="2happy@trainreg.net"/>

STEP 2: COMPLETE INFORMATION ABOUT THE FUNDS

Complete Funding Category section

The **Funding Category** can be completed in several steps. First affirm and acknowledge that you are applying for IFSP Funding for specified category (*Priority 1, or Priority 2 or 3*). Next, select the appropriate funding Category, then choose the Item or service. Type in the dollar amount and “add” to the *Current Funding Categories* section. Repeat these steps as needed.

When items and services are added, the **Total Requested Dollar** amount (automatically calculated and rounded to the nearest dollar) will display. The amount(s) entered cannot equal more than the total amount allowed. See step-by-step instructions below:

Note: It is recommended to review the [Funding Guidelines](#) prior to starting an application.

Statement

1. In the **Funding Category** section, click the **Checkbox** to select *“I understand and acknowledge that I am applying for IFSP-Funding in Category of [Priority X] for a maximum amount of [\$X].”*

The screenshot shows the 'Funding Category' section of the application form. It includes a 'Statement' section with a checkbox for acknowledgment, a link to the IFSP-Funding Program Guidelines, and a 'Categories' section with dropdown menus for 'Select Need Category Type' and 'Item'. There are also input fields for 'Requested Amount \$' and 'Total Requested Amount \$'. A blue button labeled 'Add Requested Amount' is visible. At the bottom, there is a table for 'Current Funding Categories' with columns for 'Select Need Category Type', 'Item', 'Requested Amount \$', and 'Actions'. The form is annotated with a red box around the acknowledgment checkbox and a callout box pointing to the guidelines link.

Funding Category

Statement

You are eligible to apply for IFSP-Funding in the Category of Priority 3. You may apply for any amount up to \$500. If you believe your priority status is incorrect or needs to be updated, please contact your case manager/support coordinator.

I understand and acknowledge that I am applying for IFSP-Funding in Category of Priority 3 for a maximum amount of \$500.*

Please review Section IV of covered and non-covered items in the IFSP-Funding Program Guidelines at <https://dbhds.virginia.gov/assets/MyLifeMyCommunity/IFSP-Funding/IFSP-Funding%20Program%20Guidelines%20and%20FAQs.pdf>

Categories

Select Need Category Type:

Item:

Requested Amount \$:

Total Requested Amount \$:

[Add Requested Amount](#)

Current Funding Categories

Select Need Category Type	Item	Requested Amount \$	Actions
---------------------------	------	---------------------	---------

Total Requested Amount \$:

Note: To review guidelines for covered and non-covered items, click on the link here.

Categories

1. In the *Categories* section, click the **Select Need Category Type** drop down arrow to select a category (**Safe Living, Community Integration, or Improved Health Outcomes**).

The list of items and services associated with the selected category appears.

Categories

Select Need Category Type: **Safe Living**

Item: *
Select the "Need Category Type" then

Note: For instructions on completing the *Categories* section hover mouse over the blue "info" icon.

Note: List of items & services.

- Adaptive furniture
- Appliances
- Backup generator
- Fencing
- Furniture, including beds, sofa, chairs, tables
- General home repairs
- Handrails and grab bars
- Heating, cooling, and plumbing systems conversion, installation, and repairs
- Home modifications to improve accessibility, including door widening, additional flooring, kitchen or bathroom remodels, and driveway installations and window installation
- Home security systems, including home alarms and cameras

Requested Amount \$: *

Note: The list includes items and services for each of the *Need Category Types* eligible for funding as allowable expenditures under the IFSP. Use the scroll bar to view the entire list.

2. Scroll to view all eligible items and services, then click on an **item** to select. *The selected item is highlighted in blue and is added in the **Item** field (see graphic below).*

Categories

Select Need Category Type: **Safe Living**

Item: *
Home security systems, including home alarms and cameras

- General home repairs
- Handrails and grab bars
- Heating, cooling, and plumbing systems conversion, installation, and repairs
- Home modifications to improve accessibility, including door widening, additional flooring, kitchen or bathroom remodels, and driveway installations and window installation
- Home security systems, including home alarms and cameras
- Legal fees, including fees to establish guardianship, power of attorney, microboards, trusts, etc.
- Location devices and GPS trackers, including Project Lifesaver and AngelSense, personal alarms, locator services, and associated trainings
- Mattresses and bedding
- Respite

Requested Amount \$: *

Total Requested Amount \$: 0

Note: Only one item can be selected and added at a time.

Add

3. Type the amount in the **Requested Amount \$** field.
4. Click on **Add**.

Home modifications to improve accessibility, including door widening, additional flooring, kitchen or bathroom remodels, and driveway installations and window installation

Home security systems, including home alarms and cameras

Legal fees, including fees to establish guardianship, power of attorney, microboards, trusts, etc.

Location devices and GPS trackers, including Project Lifesaver and AngelSense, personal alarms, locator services, and associated trainings

Mattresses and bedding

Respite

Requested Amount \$: *

Total Requested Amount \$:

[Add](#)

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions

The requested amount is added to the “Current Funding Categories” section, rounded to the nearest dollar.

The grand Total Requested Amount (rounded to the nearest dollar) is displayed both above and below the “Add” button (shown below):

Total Requested Amount \$:

[Add](#)

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Home security systems, including home alarms and cameras	50	Edit Delete

Total Requested Amount \$:

Note: The amount is rounded up from \$49.99 to \$50.

- Continue adding *Category*, *Item* and *Requested Amount \$* as necessary (up to the maximum amount allowed for the priority). See example below:

Total Requested Amount \$:

[↓ Add](#)

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Home security systems, including home alarms and cameras	50	Edit Delete
Community Integration	Summer camp	449	Edit Delete

Total Requested Amount \$:

If the total dollar amount(s) entered equals more than the total amount allowed, an error message appears letting you know the amount requested is over the funding limit.

⚠ (1) Error(s)

Error: Total amount requested may not exceed \$500

Note: If you receive this error message, please adjust the amount requested as to not exceed the maximum \$ amount.

[Dismiss All](#)

Click on **Dismiss All** to close the pop-up error message.

Note: The total dollar amount included cannot exceed \$1,000 if Priority 1 or \$500 if Priority 2 or 3.

The items added to the *Current Funding Categories* section can be edited or removed, if desired (see Edit and Delete options below).

Changes can be made to the *Categories, Items* and/or *Requested Amounts* prior to an application being submitted. Once items have been added to the *Current Funding Categories*, list, the **Edit** and **Delete** options will be available for each item. To make changes to the items see steps below:

Note: To modify an application after it has been submitted, it must first be Withdrawn. See steps to Withdraw Application section.

Edit Categories / Items / Amounts

To change the Category, Item or Requested Amount added to the *Current Funding Categories* list,

1. Click on **Edit** under the *Actions* column for the Category, Item or Requested Amount that needs to change.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Home security systems, including home alarms and cameras	50	Edit Delete
Community Integration	Summer camp	449	Edit Delete

The selected row is highlighted in blue, denoting that it is in edit mode.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Home security systems, including home alarms and cameras	50	
Community Integration	Summer camp	449	Editing...

2. Scroll up to select a different Category, different Item, or service and/or edit the Requested Amount for the item / service.
3. Once all changes have been made for the item, click on the **Save Changes** button.

Reimbursement for transportation costs, including gas, tolls, etc.

Self-advocate education or training

Sports activities and lessons, including tournaments

Summer camp

Supported employment

Therapeutic activities and copays

Transportation services, including Uber, Lyft, cabs, buses, etc.

Tuition

Requested Amount \$: * ⓘ

Total Requested Amount \$:

Save Changes
✕ Cancel and Undo Changes

Note: If no changes are needed after all, click on the **Cancel and Undo Changes** button.

The *Current Funding Categories* list is updated.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Home security systems, including home alarms and cameras	50	Edit Delete
Community Integration	Summer camp	450	Edit Delete

Delete Items

To delete an Item from the *Current Funding Categories* list,

1. Click on **Delete** under the *Actions* column for the Item that needs to be removed.

Note: When an item is deleted, it cannot be brought back. Add item again if needed.

Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Home security systems, including home alarms and cameras	50	Edit Delete
Community Integration	Summer camp	450	Edit Delete

The item is permanently removed and the Total Requested Amount is updated.

Note: The total dollar amount included for ALL categories cannot exceed \$1,000 if Priority 1 or \$500 if Priority 2 or 3 (see example above).

STEP 3: SIGN AND SUBMIT APPLICATION

Acknowledgements and Signature

1. Scroll down if necessary to **Signature** section.
2. Click each of the 3 check boxes to:
 - a. Click to: **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.**
 - b. Click to: **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.**
 - c. Click to acknowledge understanding 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

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

There are two types of signatures for the IFSP application. The Responsible Party can either type their first and last name (*Written*) or draw their signature (*E-signature*).

Note: When selecting the *Written Signature* option, all that is required is to type in your first and last name.

To type in Custodial Family Member's name for the signature:

1. Click the *Type of Signature* down arrow and select **Custodial family member**.
2. Click the down arrow to the right of the applicant field and select **Written**.
3. Click in the *Name* field and type the Custodial Family Member's (*a.k.a. Responsible Party*) name.

Signature

Type of Signature: * Custodial family member Written

Name: * Molly Cue

Date: 9/25/2024

Note: The date is auto-populated with current day's date.

OR:

To use E-Signature for the signature:

1. Click the *Type of Signature* down arrow and select **Custodial family member**.
2. Click the down arrow to the right of the *Custodial family member* field and select **E-Signature**.
3. Use the mouse or stylus to sign name within the box.
 - a. Click on the **Clear** button to redraw signature.

4. Click in the *Name* field and type the Custodial Family Member's (a.k.a. Responsible Party) Name.

Signature

Type of Signature: * Custodial family member E-Signature Clear

Molly Cue

Name: * Molly Cue

Date: 9/25/2024

Note: The date is auto-populated with current day's date.

Save Changes

It is a good idea to save the changes once the application is complete and before submitting the application.

1. Click on the **Save Changes** button (top right)
2. A prompt appears to state that the application has not yet been submitted.

Confirm

This application has not been submitted, please select Submit when ready to submit the application

Cancel Continue

3. Click on **Continue** to review your application before submitting.

A *Success: Record has been saved* message appears.

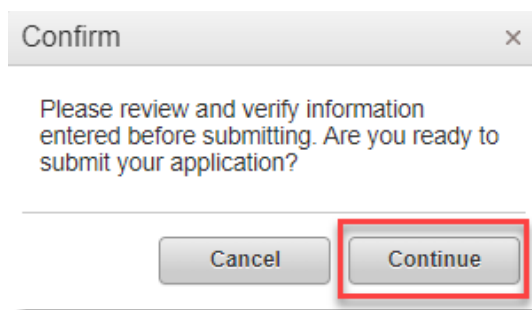
Success: Record has been saved.

Note: Changes can be made to the application as necessary prior to submission. Be sure to click on “Save Changes” after making a change.

Submit Application

First, review the application to ensure the information is accurate. Once all information has been added and any necessary changes have been made and saved, the application can be submitted to be reviewed by the IFSP Staff.

1. Click on the **Submit** button (top right)
2. The **Confirm** dialog box appears asking “Are you ready to submit your application?”



3. Click on **Continue** to submit the application. *The green “Success: Application Submitted” message appears briefly appears.*
 - *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 generated (no reply) email will be sent to the email address listed in the “Individual’s Email” field (see examples in the **Email Notifications** section below)*

Note: Changes can be made by withdrawing an application once it has been submitted as long as it is within the Open Funding Period, and when the application status is “Pending Approval”. Once the funding period closes, the application can no longer be withdrawn, edited or discarded.

See **Withdraw Application** section for step-by-step instructions

View IFSP Applications

Once an application has been started, it can be found in the **View IFSP Application** list. To see a list of applications and the status (including applications from previous funding cycles),

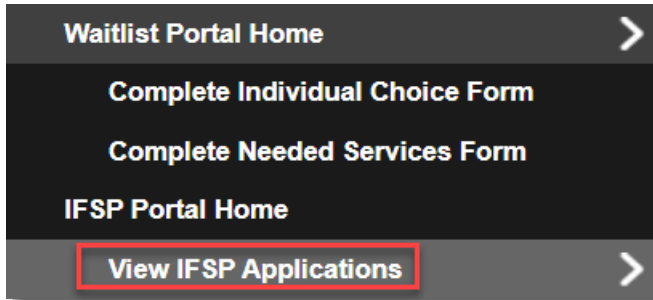
If within an open application,

1. Click on the **Back to List** button (top left)



If at the **Portal Home** page,

3. Click on *View IFSP Applications* link



The *IFSP Application* list will display:

IFSP Application List				
Only 1 application is allowed for submission during the funding cycle				
\$1000 Max for Priority 1				
\$500 Max for Priority 2 and 3				
				Start New Application
Creation Date	Application ID	Submitted Date	Application Status	Actions
09/24/2024	FY2500691	09/25/2024	Pending Approval	Summary

- *Creation Date*
- *Application ID (reference number)*
- *Submitted Date*
- *Application Status*
- *Summary (Click Summary to review details of the application)*

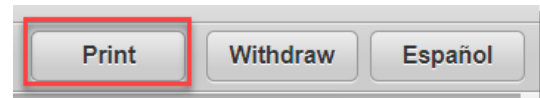
PRINT APPLICATION

Once an application has been submitted and when it is in *Pending Approval*, *Approved* or *Denied* status, it can be saved and/or printed.

Print Application

To Print an application:

1. Click on the **Print** button (the top right corner).



The completed application opens in a new window:

Virginia Waiver Management System (WaMS)
IFSP Application Form

Applicant Section

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

Individual's Information

Individual's First Name: Suzy
 Individual's Last Name: Cue
 Individual's DOB: [Redacted]
 Individual's CSB: [Redacted]
 Individual's Priority Level: Priority 1
 Application ID: FY2500691

Do you need to update any of the below information for mailing address or email address or SSN for communications regarding IFSP-Funding application?
 Yes No

Individual's Mailing Address

Street Address 1: [Redacted]
 Apt./Unit: [Redacted]
 City: [Redacted]
 State: Virginia
 Zip Code: 23235

Individual's Email: [Redacted]
 Individual's SSN: ***-**-1886

Responsible Party

NOTE: Only the Responsible Party can apply for funds. The Responsible Party is either the Applicant (if 18 years or older), or their Custodial Family Member. A Custodial Family Member is a family member who has primary authority to make all major decisions affecting the individual and with whom the individual primarily resides.

Custodial Family Member

The form can be saved to your computer as a PDF and/or printed.

2. Press **Control + S** to save to your computer or **Control + P** to print to your printer.

EMAIL NOTIFICATIONS

There are three system emails that will be automatically generated and sent to the Responsible Party's email address:

- Application Submitted
- Application Approved
- Application Denied

Application Submitted Email

When an application is submitted, a system generated email is automatically sent to the responsible party's from *donotreply@wamsvirginia.org* with the subject line: **Your IFSP Application has been submitted.** See example below:

Virginia.gov

DBHDS
Virginia Department of Behavioral Health and Developmental Services
Individual and Family Support Program

Note: Receipt of application submission does not guarantee funding.

Your application ID is **FY2500683**. ← **Application ID**

Your application for IFSP-Funding has been **received**. ← **Status Information**

Your application indicates that you applied for: ← **Categories, Items and \$ Amount Requested**

Current Funding Categories:

Select Need Category Type	Item	Requested Amount \$
Safe Living	Handrails and grab bars	190
Improved Health Outcomes	Medication	110
Community Integration	Day support programs	500
Safe Living	General home repairs	200
Total Requested Amount \$:		1000

Receipt of your application submission does not guarantee funding. You will be notified by email if additional information is needed. Emails will be sent to the email addresses that you provided on your application. Once all applications have been reviewed, you will receive an additional message notifying you of approval or denial.

To find additional resources in your community and throughout the Commonwealth, please see the resources below:

My Life, My Community
An online tool that helps people with developmental disabilities (DD) and their families answer basic questions about... and where to go to find help by use sometimes...

Application Approved Email

When an application is approved, a system generated email is automatically sent to the responsible party's from donotreply@wamsvirginia.org with the subject line: **Important Information Regarding Your FY20__ IFSP Funding Request**. See example below:

The screenshot shows an email from Virginia.gov with the DBHDS logo and the text "Virginia Department of Behavioral Health and Developmental Services The Individual and Family Support Program". The email body contains the following information:

Your application ID is **FY2500701**. ← **Application ID**

Your FY 2025 Individual and Family Support Program application for funding has been **approved**. → **Status Information**

Your application indicates that you applied for:

Current Funding Categories:

Select Need Category Type	Item	Requested Amount \$
Safe Living	Mattresses and bedding	300
Improved Health Outcomes	Medication	200

Total Requested Amount \$: **500** ↑ **Categories, Items and \$ Amount Requested**

Additional information about your funds will be sent by email and posted on the My Life, My Community IFSP-Funding page at <https://mylifemycommunityvirginia.org/ifsp-funding>.

For a list of covered expenses, please review the IFSP Funding Categories on My Life, My Community at <https://mylifemycommunityvirginia.org/ifsp-funding>. Your funds will come in the form of a debit card.

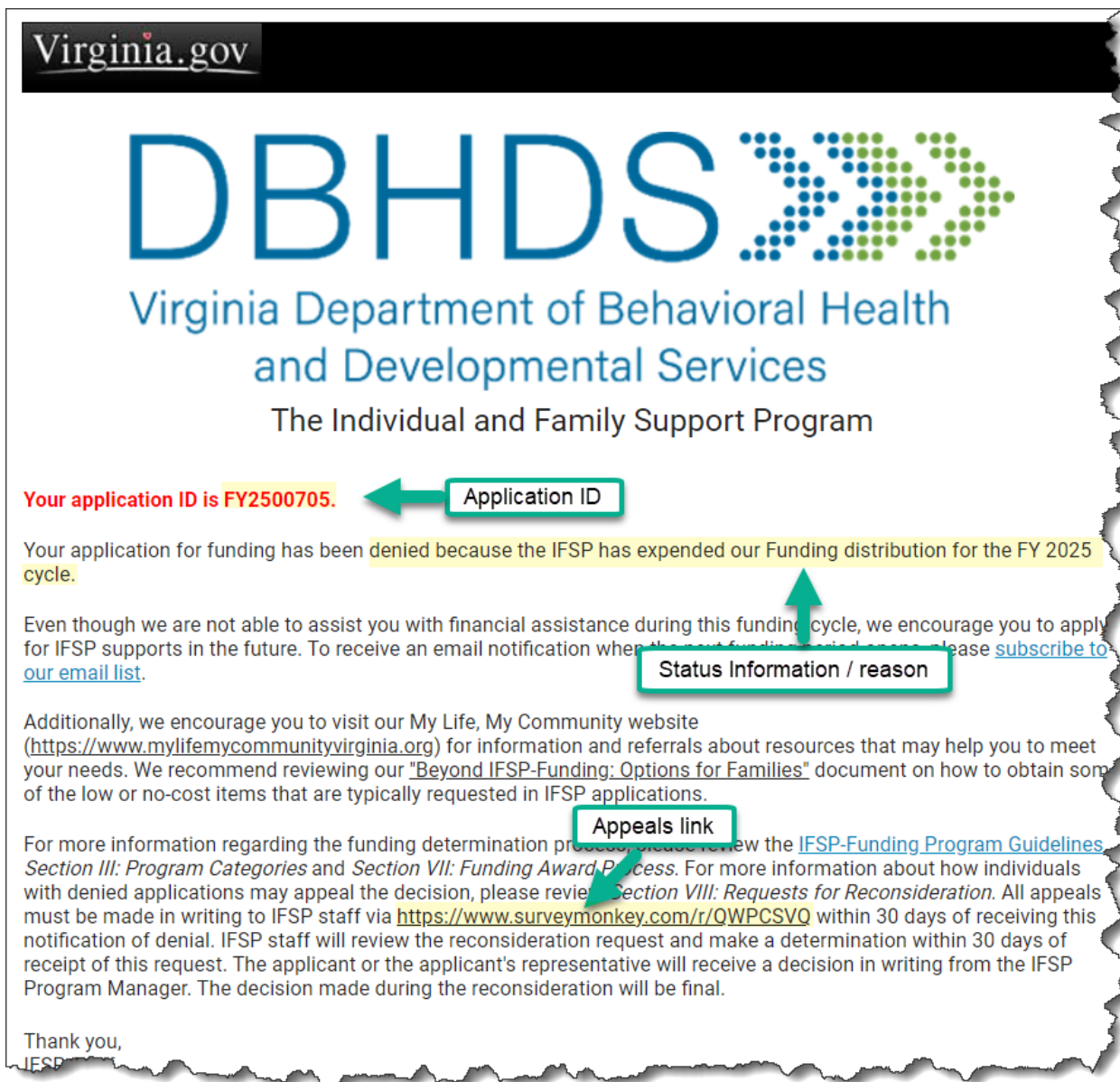
Please do not contact the IFSP staff before receiving notification that funds are being issued. If your mailing address changes before the funds are issued, please send your application ID and updated address to IFSPSupport@dbhds.virginia.gov.

Important Information About IFSP Funding Approval Exceptions:

1. You will not receive IFSP funding if you are enrolled in the Medicaid Home and Community-Based Services (HCBS) DD Waivers by the time the IFSP issues funds.

Application Denied Email

When an application is denied, a system generated email is automatically sent to the responsible party's from donotreply@wamsvirginia.org with the subject line: **Important Information Regarding Your FY20__ IFSP Funding Request**. See example below:



Appeals

Individuals with denied applications may appeal the decision. All appeals must be made in writing to the IFSP staff by completing the *IFSP Funding Request for Reconsideration* form via Survey Monkey (<https://www.surveymonkey.com/r/QWPCSVQ>) within 30 days of receiving the notification of denial.

MODIFY APPLICATION

Once an application has been submitted it must be “Withdrawn” to make changes. The status of the application must be *Pending Approval* to withdraw it.

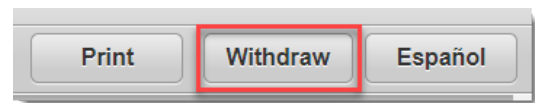
An application can only be modified (withdrawn) or discarded during an Open Funding Period.

Note: Once an application is “discarded” it is not possible to get it back.

Withdraw Application

To Withdraw an application:

1. In an open application (click on the *Summary* link to open the application if necessary), click on the **Withdraw** button (the top right corner).

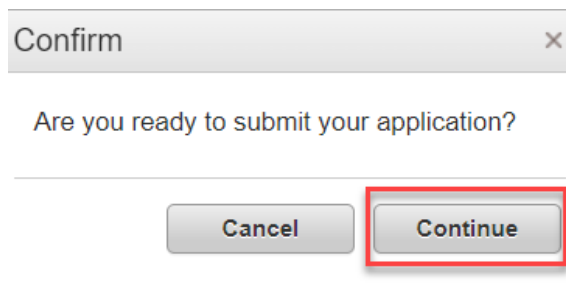


The status of the application is now “In Progress”, the toolbar buttons available are “Save Changes, Submit, Discard and Español”. The application is in “edit” mode.



2. Make necessary changes.
3. Click on the **Save Changes** button.
4. Click on **Submit**.

The Confirm dialog box appears asking “Are you ready to submit your application?”



5. Click on **Continue** to resubmit the application. *The green “Success: Application Submitted” message appears briefly appears.*
 - *The application is assigned a NEW Application ID and is submitted for review*
 - *Use the NEW 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 (see examples in the **Email Notifications** section above)*

DISCARD APPLICATION

If an application is no longer needed or you wish to start over, it can be discarded.

Once an application has been discarded, it is removed from the system and can no longer be accessed or viewed. There is no way to recover a discarded application.

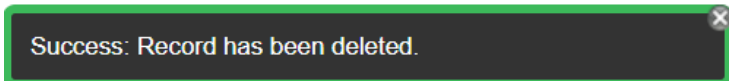
Note: An application must be "In Progress" status to Discard it.

To Discard Application:

1. Click on the **Discard** button (top right).
(The Confirm dialog box appears).



2. Click on **Continue** to discard the application. (The Success: Record has been deleted message appears).



OR,

Click on **Cancel** to return to the application (the application will not be discarded).

TRACK APPLICATION

In addition to receiving email notifications upon submission of an application and when the application is approved or denied, the current application status can be checked online at any time.

Application Status

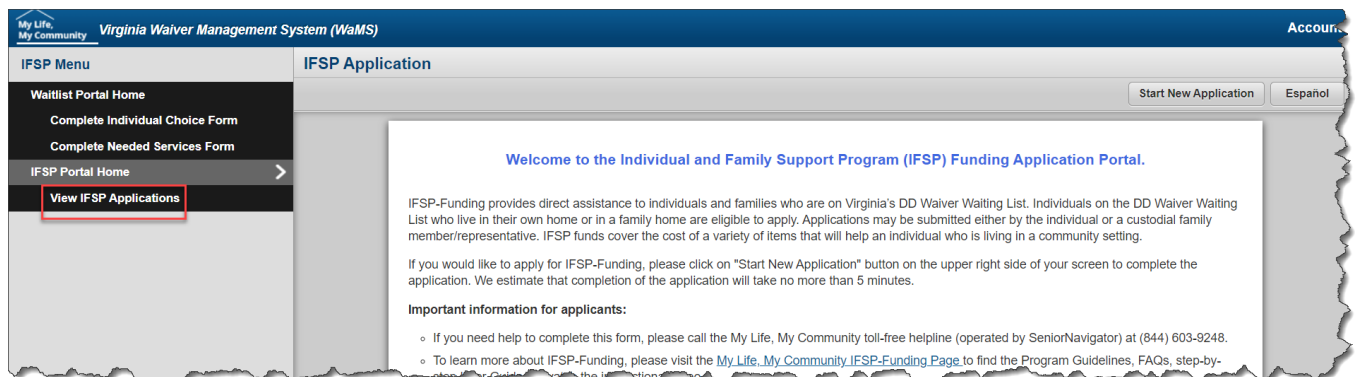
Once an application has been started (*using the **Start New Application** button / top right on Home Page*), it can be in one of four statuses:

Status	Definition
In Progress	Initial status once application has been started and before it is submitted or discarded. Also, status of an application after it has been withdrawn.
Pending Approval	Status updates from <i>In Progress</i> once an application has been submitted to IFSP staff for review.
Approved	Status updates from <i>Pending Approval</i> once the IFSP staff has reviewed and approved the application.
Denied	Status updates from <i>Pending Approval</i> once the IFSP staff has reviewed and denied the application.

Check Status Online

To check the status of an application simply log in to the Portal (See **Log In to IFSP Portal** section above).

1. Once logged in to the Portal, click on **View IFSP Applications** (left menu).



The IFSP Application List window appears.

- View information in *Application Status* column to check most up-to-date status of the application.
- Click on **Summary** in *Actions* column to view the application.

In Progress

IFSP Application List				
Only 1 application is allowed for submission during the funding cycle				
\$1000 Max for Priority 1				
\$500 Max for Priority 2 and 3				
Start New Application				
Creation Date	Application ID	Submitted Date	Application Status	Actions
10/05/2023			In Progress	Summary

Pending Approval

IFSP Application List				
Only 1 application is allowed for submission during the funding cycle				
\$1000 Max for Priority 1				
\$500 Max for Priority 2 and 3				
Start New Application				
Creation Date	Application ID	Submitted Date	Application Status	Actions
09/25/2023	FY2400557	10/10/2023	Pending Approval	Summary

Application Approved

IFSP Applications - List				
Created Date	Application ID	Status	Priority Level	Actions
09/27/2024	FY2500701	Approved	Priority 2	View

Application Denied

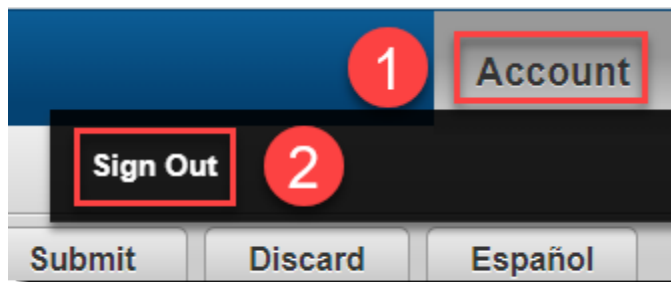
IFSP Application List				
Only 1 application is allowed for submission during the funding cycle				
\$1000 Max for Priority 1				
\$500 Max for Priority 2 and 3				
Start Ne				
Creation Date	Application ID	Submitted Date	Application Status	Actions
09/27/2024	FY2500705	09/27/2024	Denied	Summary

Headings	Definition
Creation Date	Date the applications was started
Application ID	ID assigned once the application is submitted
Submitted Date	Date the application s submitted
Application Status	One of four statuses: In Progress, Pending Approval, Approved, Denied
Actions	Click on Summary to view read-only copy of a submitted application

SIGN OUT OF PORTAL

It is recommended to **Sign Out** of the Portal before closing the browser window. To sign out of the portal:

1. From the top menu, click on **Account** (*top right of screen*).
2. Click on **Sign Out**.



A message appears stating "You are now logged out". The browser window can now be closed.

FUNDING PERIOD

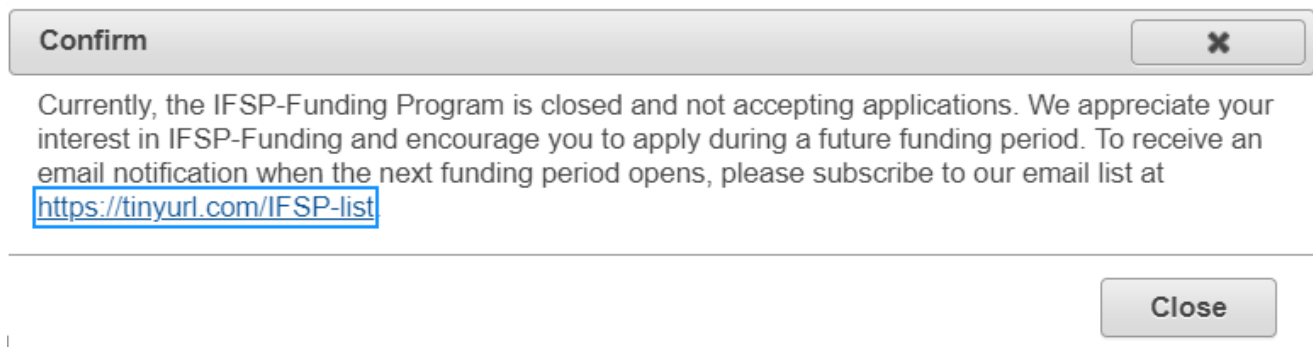
The Portal will be available to log in and check application status at any time; however, you will only be able to apply for funds during an “open” period.

Open Funding Period

During an *Open Funding Period*, simply log in to the Portal with the appropriate credentials and click on the **Start New Application** button (top right) on the *IFSP Home Page* or the *IFSP Application List* page (top right).

Closed Funding Period

If you log in to the Portal during a *Closed Funding Period* with the appropriate credentials and click on the **Start New Application** button (top right) on the *IFSP Home Page* or the *IFSP Application List* page (top right) the following **Confirm** dialog box will appear:



Click on **Close** to close the *Confirm* dialog box.

GETTING HELP

The Portal URL

Go to <https://www.dbhds.virginia.gov/ifsponline> to login to the Portal and apply for funds. The person on the DD Waitlist or their caregiver can log in to the Portal with the appropriate credentials.

Community Services Board

- [Find your Local CSB Here](#)

IFSP Application Help

For questions or assistance with completing the IFSP Application:

- **My Life, My Community Helpline Number:** (844) 603-9248

IFSP Funding Information

- To learn more about IFSP Funding, please visit [My Life, My Community IFSP-Funding](#)

IFSP Guidelines

- To review the covered and non-covered items see [IFSP-Funding Program Guidelines](#)

IFSP Email List

- Sign up for IFSP email list at <https://tinyurl.com/IFSP-List> to get updates from IFSP

WaMS Help Desk

Contact the **WaMS Help Desk** for technical problems or errors:

- **WaMS Telephone Number:** 844-4-VA-WaMS / (844-482-9267)
- **WaMS Help Desk Email:** helpdesk@wamsvirginia.org
- **Hours of Operation:** 7:00 AM – 7:00 PM EST

Individual and Family Support Program (IFSP)

Click on the link here for information about [IFSP](#)

ACRONYMS AND ABBREVIATIONS

Acronym / Abbreviation	Definition / Name
CSB	Community Services Board
DBHDS	Department of Behavioral Health & Developmental Services
DD	Developmental Disabilities
IFSP	Individual and Family Support Program
WaMS	Waiver Management System

INDEX

About the Portal	1	Custodial Family Member	20
Acronyms and Abbreviations.....	60	Acknowledgement	30, 44
Appeals	52	Complete Custodial Contact Information	
Applicant / Responsible Party.....	2, 3, 5, 20, 35	24
Applicant Section	5, 20, 35	Custodial Signature	31, 45
Application ID...6, 18, 19, 21, 33, 34, 36, 47, 48,		Delete Items.....	30
53, 56		Edit Amount	29
Apply for Funds		Edit Category.....	29, 43
Applicant.....	5	Edit Item.....	29
Acknowledgement.....	15	Responsible Party.....	23
Delete Items.....	15	Save Changes	32
Edit Amount.....	13	Signature	31, 45
Edit Category.....	13	E-Signature.....	31, 45
Edit Item.....	13	Written.....	31, 45
Funding Category.....	8	Start New Application	20
Save Changes	17	Submit Application.....	33
Signature.....	16	Update Contact Information.....	21
E-Signature.....	16	Verify Information	
Written.....	16	No Email Address	22
Start New Application.....	5	Verify Information.....	21
Submit Application	18	View IFSP Application	33
Update Contact Info	6	Community Integration.....	2
Verify Contact Info.....	6	Credentials	2, 3
View IFSP Application	18	Custodial Family Member	1, 5, 20, 24, 35, 38
Child	35	Discard Application	54
Complete Custodial Contact Information		Edit Amount	13, 29, 43
.....	38	Edit Category.....	13, 29, 43
Delete Items.....	44	Edit Item.....	13, 29, 43
Edit Amount.....	43	Eligibility	1
Edit Item.....	43	Email Notifications	50
Funding Category.....	38	Application Approved Email	51
Start New Application.....	35	Application Denied Email.....	52
Submit Application	47	Application Submitted Email	50
Update Contact Information	37	Español button/Spanish Version.....	4, 5, 20, 35
Verify Information	36	Funding Category	5, 20, 35
No Email Address.....	37	Add	11, 27, 41
View IFSP Application	47	Community Integration.....	10, 26, 40

Improved Health Outcomes	10, 26, 40	Login Requirements	2
Item	12, 28, 42	Modify Application.....	53
Need Category Type	10, 12, 26, 28, 40, 42	Withdraw	53
Requested Amount.....	10, 12, 27, 28, 41, 42	No Email Address	7, 22, 37
Safe Living	10, 26, 40	Planned Use of Funds	2
Funding Guidelines	20, 25	Print Application	49
Funding Period.....	58	Priorities.....	2
Closed.....	58	Max Allowed	2
Open	33, 47, 53, 58	Responsible Party.1, 2, 3, 5, 6, 8, 16, 20, 21, 23,	
Getting Help.....	59	31, 35, 36, 45, 50, 51	
Application Help	59	Safe Living	2
Find Local CSB	4, 59	Save Copy.....	49
Funding Guidelines	1, 59	Sign Out of Portal.....	57
IFSP Information	59	Signature.....	5, 20, 35
IFSP Portal URL.....	59	Start New Application button	4, 58
My Life, My Community helpline	59	Submission	2
Sign Up for Emails.....	59	The DD Wait List.....	1, 2, 3, 4
WaMS Help Desk	59	Track Application	55
Getting Started	3	Check Status Online	55
Add Credentials.....	3	Status	
IFSP Portal URL.....	3, 59	Approved.....	55, 56
Log In.....	3	Denied	55, 56
The Home Page.....	4	In Progress.....	55, 56
IFSP Funding.....	59	Pending Approval.....	55, 56
Improved Health Outcomes	2	View IFSP Applications.....	19, 34, 48
Living Situation.....	1	Withdraw Application	18, 33, 47, 53, 55

Page Intentionally left blank