Individual & Family Support Program Application Portal User Guide

Department of Behavioral Health and Developmental Services

IFSP

Support • Individualized • Service

**Individual & Family Support Program**

Contents

Before You Begin

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

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

For Non-English Speakers

To see the application in another language, use the **"Translate our site into"** function in the bottom right corner of https://ifsponline.dbhds.virginia.gov/. Using the drop-down arrow, select the language you need. You do not need to change this back to English before saving your draft or submitting the application for review.
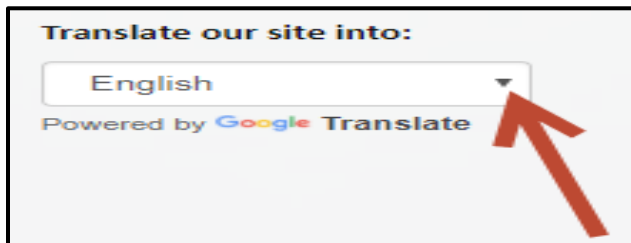
Spanish: Para ver la aplicación en otro idioma, use la función "Traducir nuestro sitio en" en la esquina inferior derecha de la página web. Usando la flecha desplegable, seleccione el idioma que necesita. No es necesario que vuelva a cambiarlo a inglés antes de guardar el borrador o enviar la solicitud para su revisión.

French: Pour voir l'application dans une autre langue, utilisez la fonction «Traduire notre site dans» dans le coin inférieur droit de la page Web. À l'aide de la flèche déroulante, sélectionnez la langue dont vous avez besoin. Vous n'avez pas besoin de changer cela en anglais avant de sauvegarder votre brouillon ou de soumettre la candidature pour révision.

Vietnamese: Để xem ứng dụng bằng ngôn ngữ khác, hãy sử dụng chức năng "Dịch trang web của chúng tôi vào" ở góc dưới cùng bên phải của trang web. Sử dụng mũi tên thả xuống, chọn ngôn ngữ bạn cần. Bạn không cần phải thay đổi điều này về tiếng Anh trước khi lưu bản nháp của bạn hoặc gửi đơn đăng ký để xem xét.

Step #1- Accessing the IFSP Application Portal

➢ The IFSP online application portal works best using the latest version of either Internet Explorer (IE), or Mozilla. It will work on other browsers, but these are preferred.

➢ Type or copy/paste the following link into your browser: https://ifsponline.dbhds.virginia.gov/

➢ The webpage you see will look like the one pictured below. The **"New This Year"** section reflects the current application's fiscal year.

➢ The maximum amount of funds you may request for the program will be listed on the right side of the page. In the image below, the maximum amount is circled in red.

➢ If you need to know what items are covered, use the link titled **"Click Here"** at the bottom of the page.

➢ When you click on the green "**Click Here**" link for the covered/not covered items, the link will take you to the following list:

What the Program is designed for:

- Professionally provided services and supports, such as respite, transportation services, behavioral consultation, and behavior management;
- Assistive technology and home modifications, goods, or products that directly support the individual;
- One month rental/mortgage/utilities assistance or deposits;
- Dental or medical expenses of the individual; Emergency assistance and crisis support;
- Family education, information, and training; Peer mentoring and family-to-family supports;
- Fees for summer camp and other recreation services for the individual;
- Other direct support services including limited provision of services such as: Companion Services, Personal Assistance Services, Personal Emergency Response Systems, Therapeutic Consultation, and companion animals, employment support services.

What the Program does not pay for

- Clothing.
- Food.
- Purchase of vehicles.
- Car payments, insurance or repairs.
- Luxury vacations.
- Internet service.
- Cell phone service.

Getting Help

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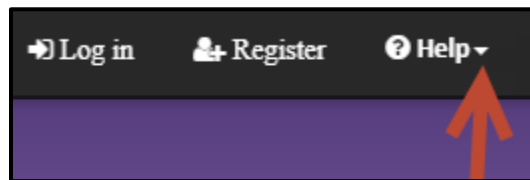

➢ A drop-down list several links will appear. You may select any of the options to open the webpage you need.
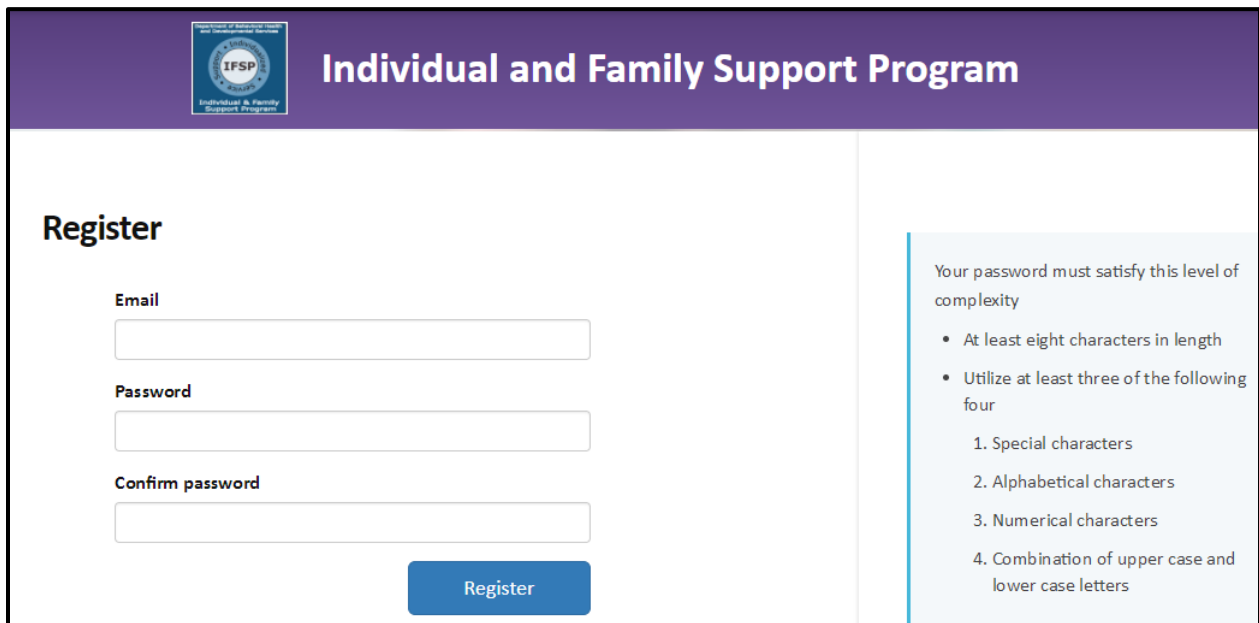

Contact Us
Questions & Answers
User Guide
Helpful Government resources
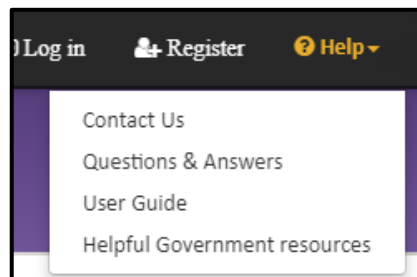
Step #2- Registering to Fill Out an Application

➢ Click the link in the top right corner of the page that says "**Register**". See the picture below as a guide. This will begin the registration process for submitting an online application.
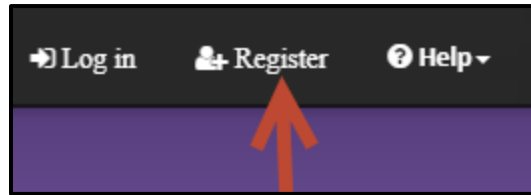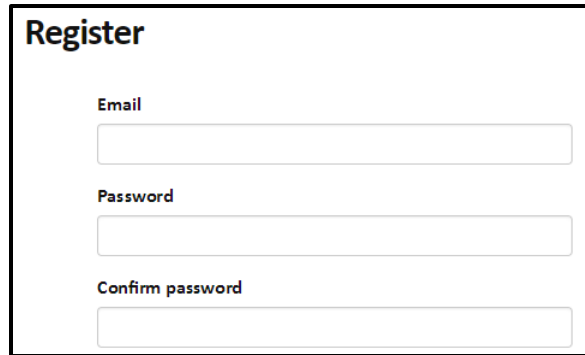

➢ After you click "**Register**", you will see the screen in the picture below. Please register using the information for the Responsible Party. The Responsible Party is the person submitting an application for an individual who is on the DD Waiver Waiting List and who will be responsible for the received funds.

NOTE: You only need to register **ONCE** to log in to the IFSP Application Portal. If you have previously registered, you should use that same login. One person may submit applications for multiple individuals using the same login information.
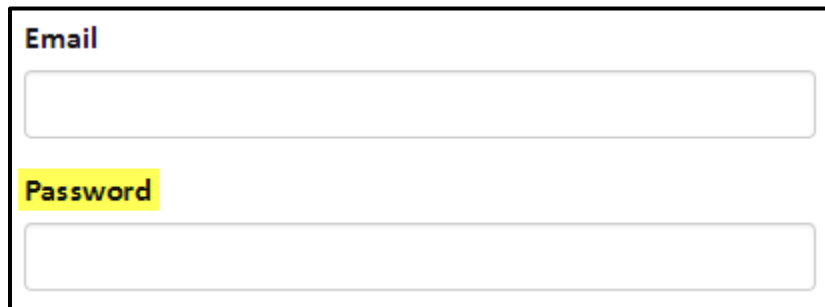

➢ You will need a valid email address. Please make sure this is an email address that you check regularly. Type your email address in the "**Email**" field. Check to make sure you have typed it correctly since this is the email address that the IFSP staff will use to send all communication

about your application(s). See the picture below as a guide. This email address will be used and stored in the IFSP Application Portal to allow you to access the online Application Portal.
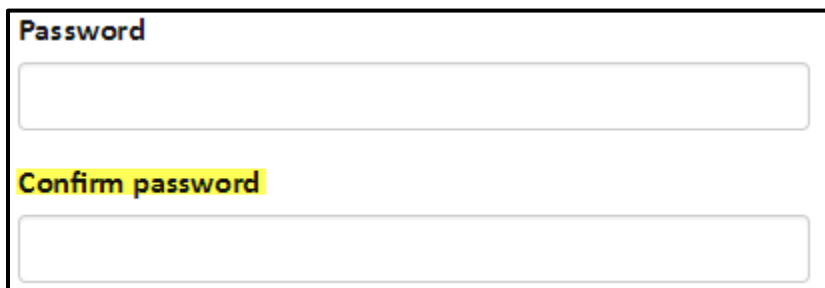
Register

Email

Password

Confirm password

- ➢ After you type in your email address, create a password for accessing the Application Portal. Your password needs to meet all of the following requirements:
  - o At least eight characters in length
  - o Utilize at least three of the following four:
    - ▪ Special characters,
    - ▪ Alphabetical characters,
    - ▪ Numerical characters, and
    - ▪ Combination of upper case and lower case letters.
- ➢ The requirements for your password are also listed on the right side of the webpage for quick reference.

Email

Password

- ➢ Once you have created your password, you will need to re-enter the same password into the field titled "**Confirm Password**".

Password

Confirm password

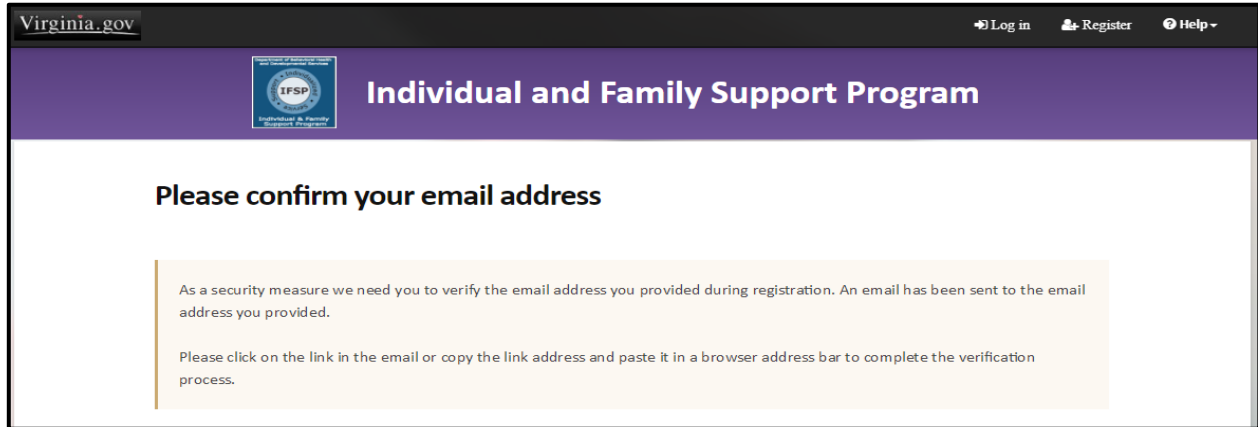➢ After you have created a password and entered an email address, you will see a confirmation screen. The message will say that you will receive an email with instructions on how to confirm your email address.

Confirming Your Account

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

➢ Included in this message is a link titled "**here**". Click the link to confirm your email address and complete your registration. The red arrow in the image below shows where the link is.
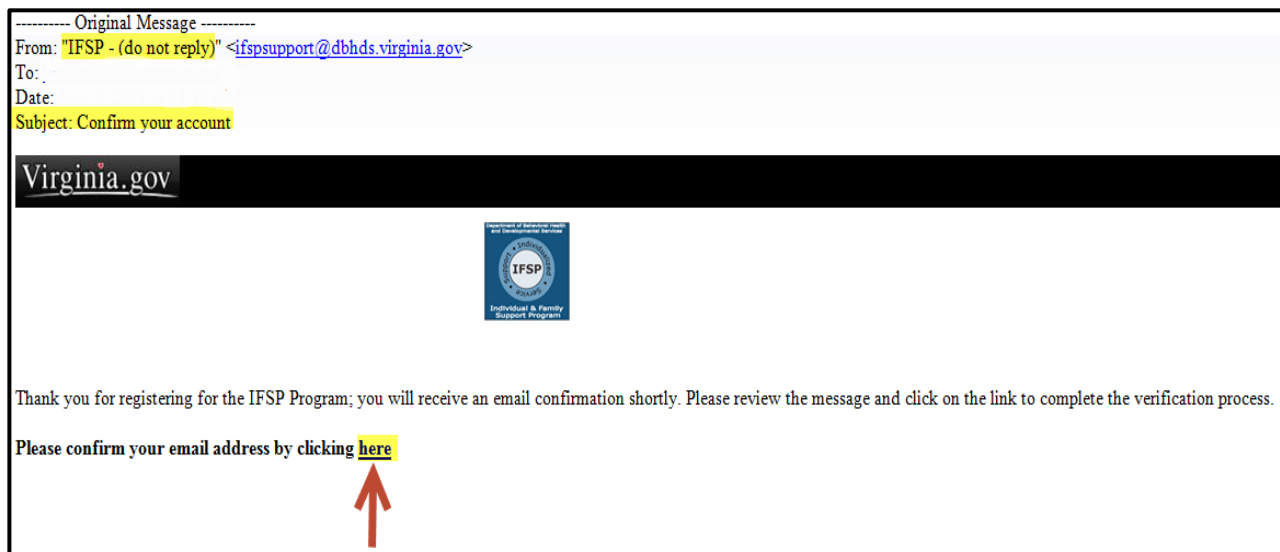
➢ Once you click the "**here**" link, you will see another pop-up to let you know that this process is complete and you are now able to log into the portal using your email address and password.

See the example below:
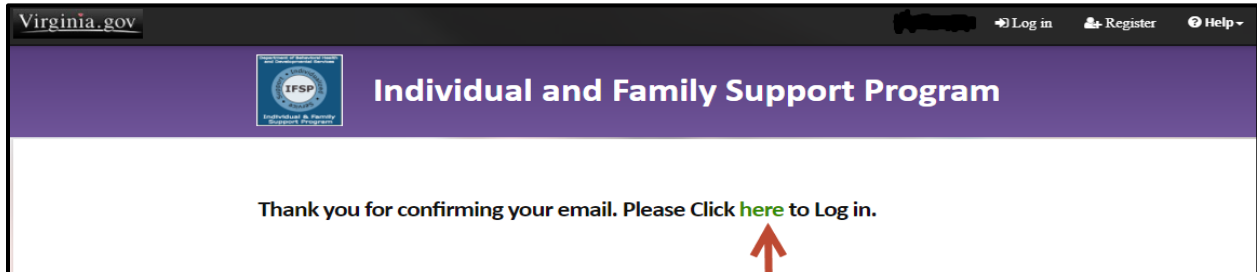
➢ After your follow the steps to confirm your email address, you will also get a "**Welcome to IFSP**" email letting you know that you have successfully registered. A sample message is pictured below.
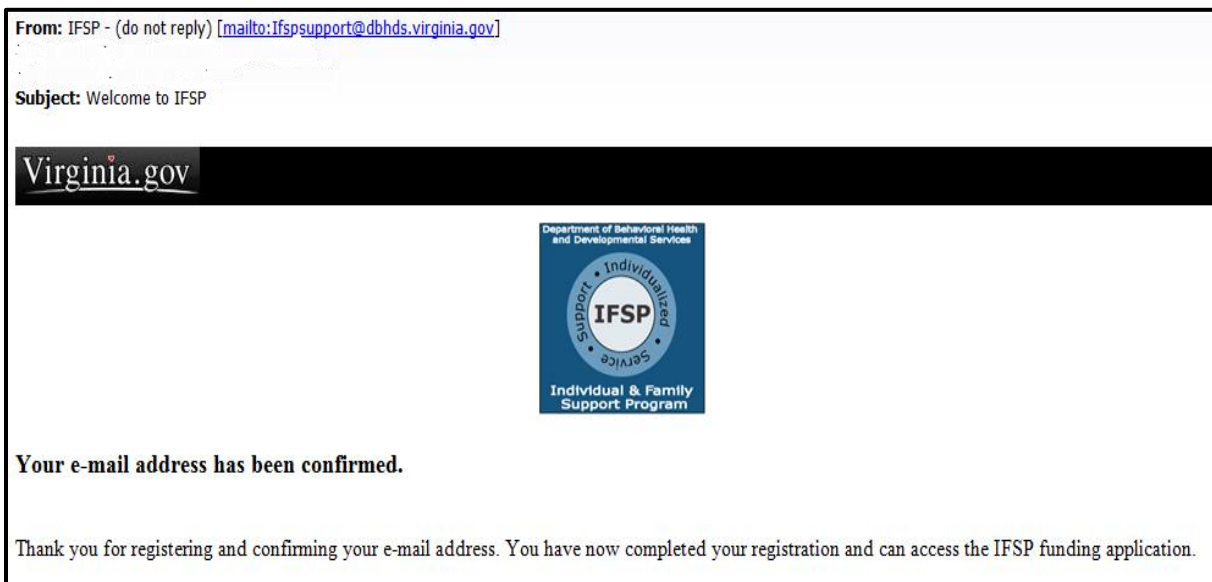
➢ You are now registered in the system. To log in to the IFSP Application Portal use the email address and password you just created.

NOTE: If you forget your password, click on the "**Forgot Password**" link that is located on the main login page.

Step #3- Creating and Drafting a New Application

> **NOTE:** For security purposes, the application portal will **time-out after 30 minutes of inactivity.** Be sure to save draft applications so you do not lose what you have entered. If you think you will need more time, you may want to print an application.

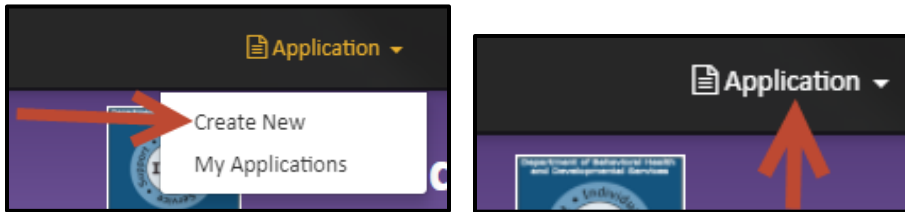➤ After logging in, select "**Application**" located on the top black ribbon of the main page. When you click the word "**Application**", a drop-down list will appear. Choose "**Create New**" application. See images below.

> **NOTE:** For returning users who have saved an application: Click "**My Application**" to view any applications that you have already saved.

➤ After you click "**Create New**", a new IFSP application will appear. See the image below for an example.

➤ When you see this screen, you may begin to fill out your new application.

Part I- Applicant Information

There are six parts of the IFSP application that need to be filled out. The first part asks for information about the individual who is currently on the DD Waiver Waiting List.

IFSP Application Form (FY19)

Please fill in each of the sections of the form below. You must complete every section of the form before submitting.

- Click on each collapsed section header (or down arrow) to show/hide the section controls
- Use the NEXT button in each section to validate the data in that section before proceeding to the next section.

➢ When you click on the bolded "**APPLICANT INFORMATION",** the section will open for you to begin entering the information about the individual who is on the DD Waiver Waiting List. You can also get to this section by clicking the white down arrow (pictured above next to the RED arrow).

➢ Fill out each of the fields listed on the page. Remember, the information you are entering is about the individual on the DD Waiver Waiting List. Enter the individual's first, middle, and last name. Be sure to type each entry into the corresponding field correctly (upper case first letter, spelling) and as it was entered on the DD Waiver Waiting List. This is how the Applicant's name will be listed and saved within the IFSP Application Portal for future reference.

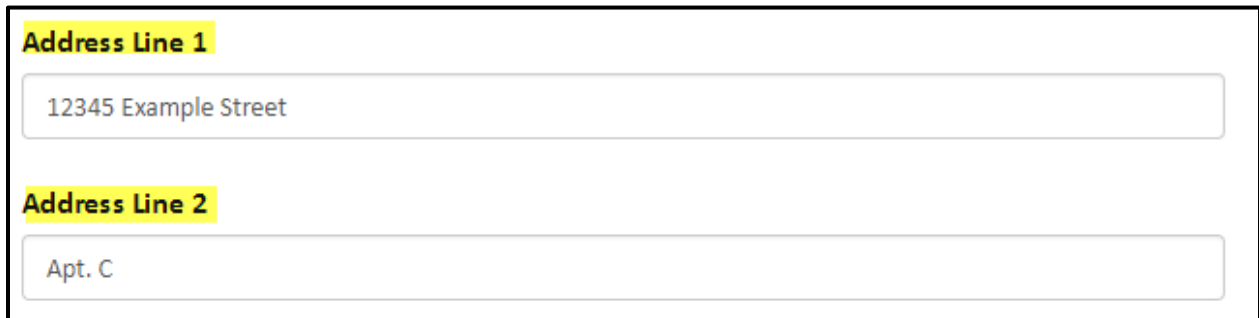| First Name	Middle Name	Last Name
Example	Example	Example

➢ Next, type the Applicant's date of birth, Social Security Number, and gender. **Be sure to use the same format as the example below**.

Date Of Birth *[mm/dd/yyyy]*	Social Security Number *[No Dashes]*	Gender:
08/06/2008	123456789	◉ Male ○ Female

> **NOTE:** The system will not accept answers that are not formatted correctly.

➢ Next, type the Applicant's street number and name in the "**Address Line 1"** field. If there is an apartment or suite number, enter this information in the "**Address Line 2**" field.

Address Line 1

> 12345 Example Street

Address Line 2

> Apt. C

➢ Start typing the zip code for the Applicant. When you begin typing, a drop-down box of zip codes will appear. Use the drop-down to select the Applicant's zip code. The city or county will automatically appear for the zip code that you enter. You must enter the zip code first.

Zip Code	City			County	
23225	Richmond	▼	Or	-Please select-	▼

> **NOTE:** If the Applicant's city or county is for some reason NOT automatically populating with the zip code entered, confirm you have the correct zip code using this website https://www.unitedstateszipcodes.org/.
>
> Once you have confirmed the zip code for the Applicant's address, select the appropriate city or county using their respective drop-down menus and manually enter the Applicant's zip code.

➢ Enter a "**Home Phone**" number and/or a "**Mobile Phone**" number for the Applicant. Determine which phone number is best for contacting the Applicant in case the IFSP staff has questions, and then check the corresponding box. An example is pictured below. Do not use any dashes between the numbers.
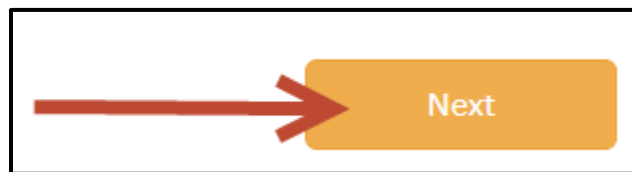
Select the best telephone number to reach you:

Home Phone

Mobile Phone | no dashes needed

8041234567

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

Next

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

Part II- Responsible Party

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

PART II: RESPONSIBLE PARTY

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

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

First Name	Middle Name	Last Name
Sample	Sample	Sample

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

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

05/01/1974   234567890   ○ Male   ● Female

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

Address Line 1

2500 Park Street

Address Line 2

Apt. A

➢ Start typing the zip code for the Responsible Party. When you begin typing, a drop-down box of zip codes will appear. Use the drop-down to select the Responsible Party's zip code. The city or county will automatically appear for the zip code that you enter. You must enter the zip code first.

Zip Code	City		Or	County	
23111	-Please select-	▼		Hanover	▼

NOTE: If the Responsible Party's city or county is for some reason NOT automatically populating with the zip code entered, confirm you have the correct zip code using this website https://www.unitedstateszipcodes.org/.

Once you have confirmed the zip code for the Responsible Party's address, select the appropriate city or county using their respective drop-down menus and manually enter the Responsible Party's zip code.

➢ Enter a "**Home Phone**" number and/or a "**Mobile Phone**" number for the Responsible Party. Choose which phone number is best for contacting the Responsible Party in case the IFSP staff has questions, and then check the corresponding box. An example is pictured below. Do not use any dashes between the numbers.

Select the best telephone number to reach you:

○ Home Phone   ◉ Mobile Phone   no dashes needed

[   ]   8041234567

➢ Next, enter an email address for the Responsible Party in the "**Email Address for Correspondence**" field.

Email Address for correspondence:

SampleRespParty@gmail.com

NOTE: Enter in the email address that you want IFSP staff to communicate and send any messages, questions, or answers to about this application. All communication will be sent through email, so be sure you use an email address you check regularly. Please review it carefully to ensure that you have typed it in correctly.

➢ Review all of the information you have entered on this page to make sure it is correct, and then select the "**Next**" button in the bottom right corner.
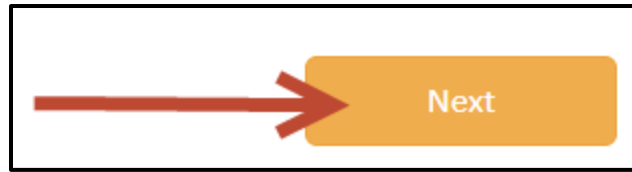
NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See "**Editing Your Application**" for instructions on how to do this.

Part III- Relationship Information

The next section is also about the Responsible Party.

➢ If the Responsible Party is the **SAME PERSON** as the Applicant, then you will need to check the first box as seen below.

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

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

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

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

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

Yes   No   If no, please give details:

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

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

◉ Mother   ○ Father   ○ Principal Caregiver
○ Stepmother   ○ Stepfather   ○ Legal Guardian
○ Wife   ○ Husband   ○ N/A(Not Applicable)
○ Grandmother   ○ Grandfather   ○ Other
○ Sister   ○ Brother

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

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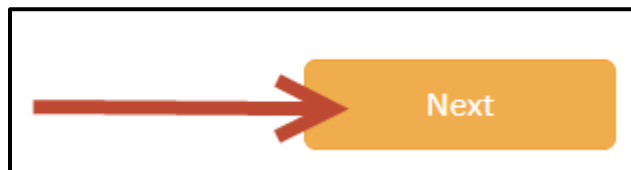
NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See "**Editing Your Application**" for instructions on how to do this.

Part IV- Assistance and Resources

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

➢ On the "**Assistance and Resources**" page, select the best answer that describes how you learned about IFSP.

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

- ◉ Case Manager/Support Coordinator
- ○ Center for Independent Living
- ○ Parent/Advocacy Group
- ○ DBHDS Website

- ○ Consumer Directed Services Facilitator
- ○ List serve
- ○ Website
- ○ Other

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

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

- ☐ Private Insurance
- ☐ TriCare Military Insurance
- ☐ Medicare
- ☐ Medicaid
- ☐ Insurance Settlement
- ☐ Center for Independent Living
- ☐ Comprehensive Services Funding (FAPT)
- ☐ Early Intervention Services (Part C)

- ☐ Special Education Services (Part B)
- ☐ Local Community Service Board Family Support Funding
- ☐ EDCD Waiver
- ☐ Tech Waiver
- ☐ Employment
- ☐ None
- ☐ Other

➢ Review all of the information you have entered on this page to make sure it is correct, and then select the "**Next**" button in the bottom right corner.
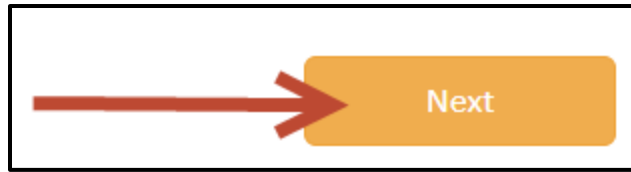
NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See "**Editing Your Application**" for instructions on how to do this.

*On the "**Help**" page of the online IFSP Application Portal, we have listed links other resources that may help you. See highlighted option below.*
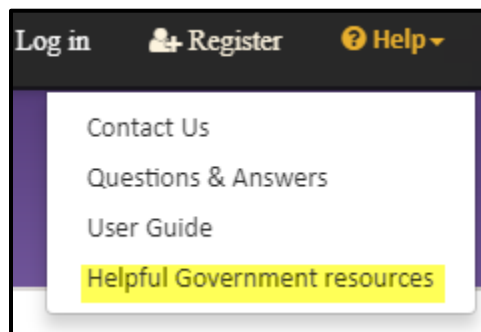
Part V- Needs

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

> Part V: NEEDS
>
> - Please select categories and specific items/services for supports that are planned or anticipated to be needed over the next 12 months.
> - IN TWO OR THREE SENTENCES, please describe how each item will assist you or your family member to stay in your home.
>   1. There is no need to attach doctor's reports or any other personal health information.
> - Please include the estimated expense for each item.
> - Enter the Total Requested Amount, no more than $1000.00.

➢ The table below includes the **"Need Categories"** in the first row and the items covered under the category. Determine which need category your request falls under.

Safe Living	Improved Health Outcomes	Community Intergration	Emergency Supports to Prevent
• Backup Generator • Family Education and Training • Furniture • Handrails • Home Modifications • Home Repairs • Other • Project Lifesaver • Respite • Safety Fence • Security System • Wheelchair Ramp	• Attendant care • Behavior Therapy/ Applied Behavioral Analysisi • Communication Device/ Ipad • Dental Care • Hearing • Medical Care • Medication • Modified equipment (bike , wheelchair, stroller) • Nutritional Supports • Occupational Therapy/ Physical Therapy/ Speech Therapy • Other • Personal Hygiene • Therapeutic Horseback Riding/ Hippo Therapy • Vision Care	• Companion/ Peer Support/ Mentoring • Childcare/ After School Care • Community Activity • Conferences • Day Support • Other • Self-advocate education or training • Summer Camp • Supported Employment • Therapeutic Activities • Transportation Services	• Mortgage Assistance • Rental Assistance • Utitlity Assistance

➢ Select the drop-down menu for the "**Need Category**" of the item that the Applicant will use the funds for. Then select the item under **"Need Category Type"**. Both drop-down menus are shown in the image below.

➢ Once you have selected the "**Need Category**" and "**Need Category Type**", enter the approximate cost of the item in the "**Requested Amount**" field and in the field titled "**What will you use the money for?**" enter a brief description. You only need to enter two to three sentences.

➢ The amount you enter into the "**Requested Amount"** field will automatically be added to the number listed in the "**Total Requested Amount"** ribbon of this section, as shown below.

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

NOTE: If the amount you are entering into the "**Requested Amount**" field is more than the total allowed amount for the program, you will get a pop-up message/alert letting you know that you are going over the annual funding limit.
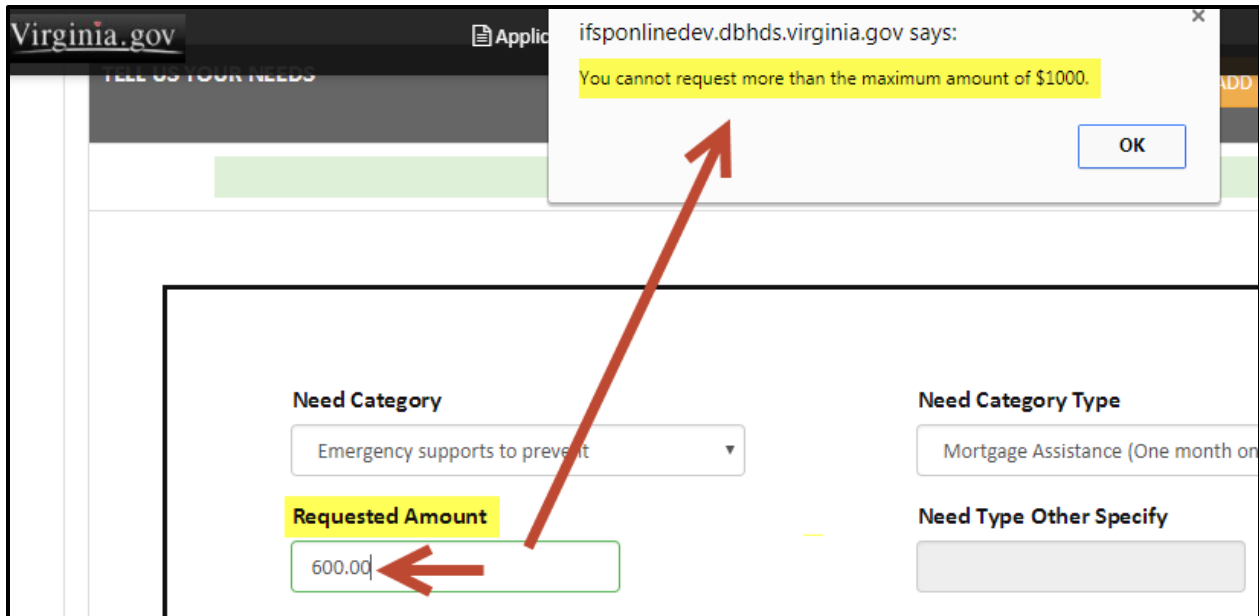
➢ To change a request that is more than the annual limit, click "**OK**" on the pop-up message. The "**Requested Amount"** field will remove the amount you entered and allow you to enter a new amount that is within the maximum amount allowed for this program.

NOTE: Each "**Need**" entered must be more than $0. Amounts $0 or less will return an error message like the one below.
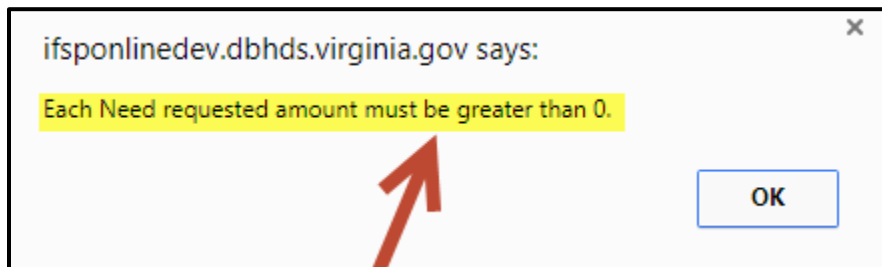
➢ In the event you ever need to delete a "**Need**" that you have entered, just click on the "**X**" that is located next to the specific need section, as seen below:

➢ Review all of the information you have entered on this page to make sure it is correct, and then select the "**Next**" button in the bottom right corner.
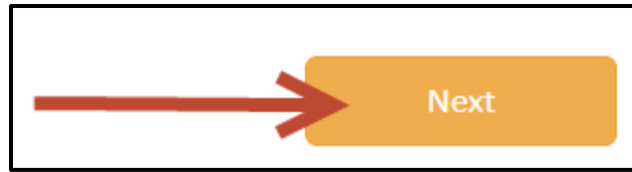
NOTE: You will be able to make changes to this and any of the other sections before you submit the final version of your application. See "**Editing Your Application**" for instructions on how to do this.

Part VI- Program Agreement

This is the last section of the IFSP application, and is used to acknowledge that you have read and understood the program requirements. You will need to agree to the program rules before your application is submitted. If you are only completing a draft of your application, you do not need to agree until the submission period is open.

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

> This will save a draft of the application you just finished. You will be able to go back and edit your draft any time before you submit. Remember, you will not be able to submit a draft before the submission period opens. Once a draft is submitted, it may not be edited. If you need to make changes to a submitted draft, please contact the IFSP staff by email at IFSPsupport@dbhds.virginia.gov.

➢ Once you have saved your drafted application, you will receive the confirmation message pictured below.
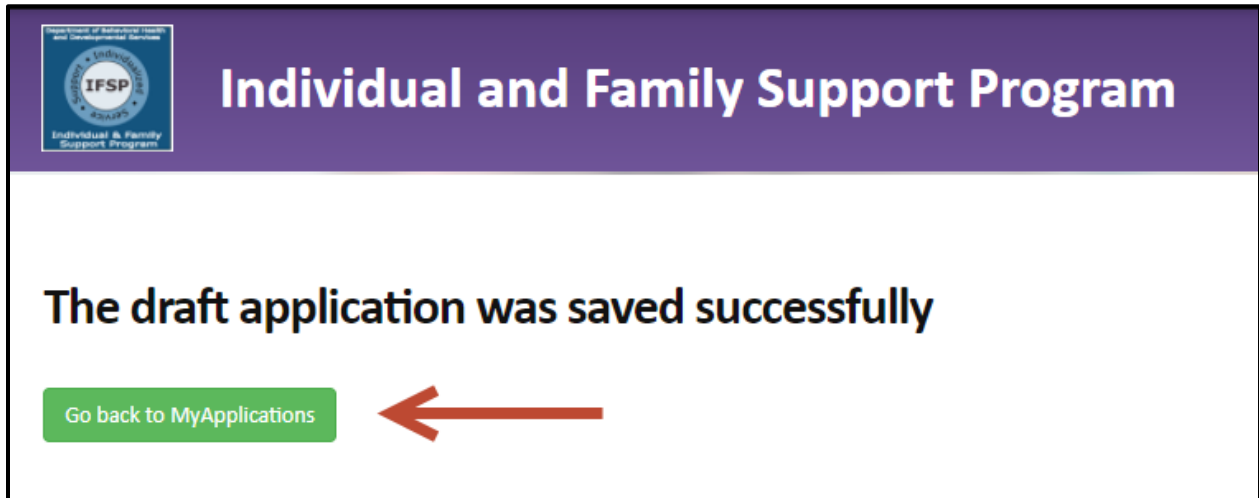
➢ If you select the option to "**Go Back to My Applications**", you will be returned to the list of your saved applications in the IFSP Application Portal.

Editing a Draft of Your Application

- To edit a draft application select "**Application**" from the menu on the ribbon at the top of the page. Click the "**My Applications**" option in drop-down menu as shown in the image below.
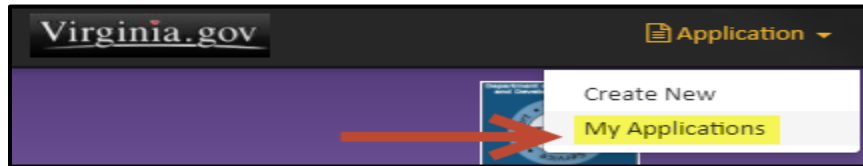
- Once on the "**My Applications**" page, you will see a list of your saved applications. Under the "**Edit**" column, click on the green "**Resume**" button for the application that you want to edit. The picture below is an example.

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

Viewing and Deleting Saved Drafts

- To view a draft application select "**Application**" from the menu on the ribbon at the top of the page. Click the "**My Applications**" option in drop-down menu as shown in the image below.
- To delete a draft application, click the red "**X**" under the table column titled "**Delete**". This action will permanently remove this draft.
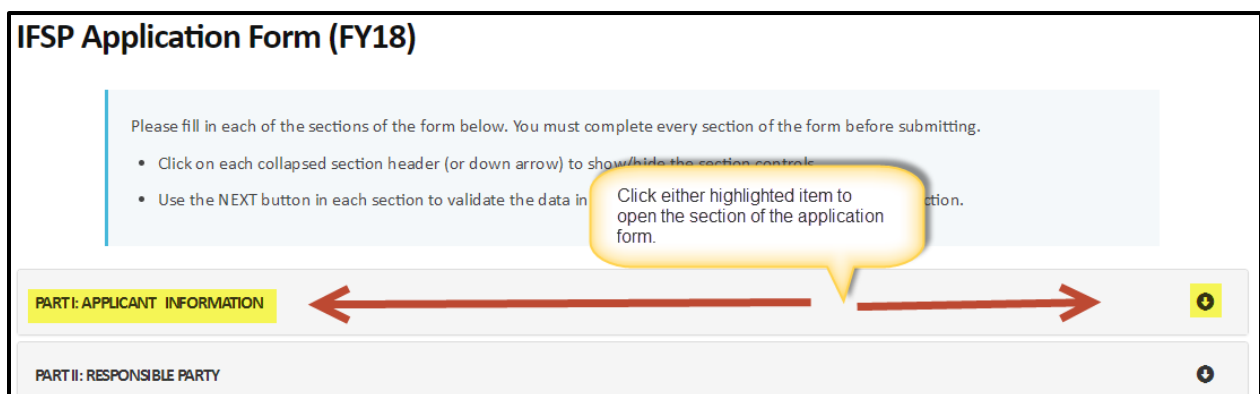
Printing a Copy of Your Application

➤ To print a copy of your application, select "**Application**" on the ribbon at the top of the page and choose the "**My Applications**" option in the drop-down menu as shown in the picture below.
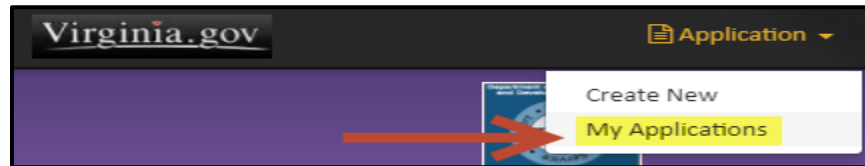
➤ Once on the "**My Applications**" page, you will see the list of your saved draft applications. Go to the **Edit** column and click on the green "**Resume**" button as shown in the image below.
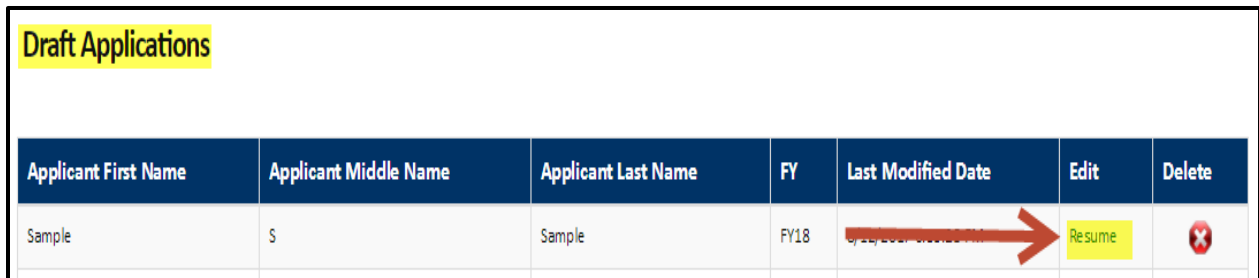

➤ Either click the section title or down arrow as seen below. Once the page is displayed, right-click your computer mouse and choose "**Print**"; do this for any section you would like to print.

Step #4- Submitting Your Application

> **NOTE:** The "**Submit**" function will not be available on the application until the submission period opens.

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

Draft Applications

Applicant First Name	Applicant Middle Name	Applicant Last Name	FY	Last Modified Date	Edit	Delete
Sample	S	Sample	FY18		Resume	❌

➢ Review each section carefully to ensure you have entered everything correctly and completely.
➢ Read and check the acknowledgement box in the **"Part VI: Program Agreement"** section of the application. Once checked, the light blue electronic signature field will appear (as shown below).

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

➢ Using your mouse, left-click while moving your mouse to sign your name in the designated field. If needed, you can start over by clicking the "**Reset Signature**" box, which will erase your signature to allow you to try again. **Your signature does not need to be legible**. To see a video on how to sign a document with a mouse, go to https://www.youtube.com/watch?v=cEUbrv4b9cQ.

➢ Once completed, click the "**Submit Application**" button to send your application to the IFSP staff for review. **If you need to make any changes to your submitted application, you will have to contact the IFSP staff and they will have to make those adjustments. You will not be able to edit once submitted.**
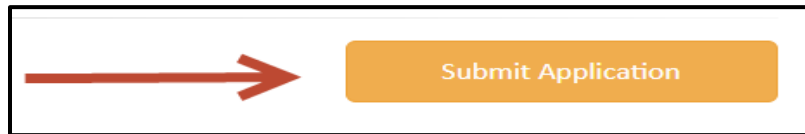
➢ You will receive an email confirming that we have received your submitted application. The message will have your Application ID number. Please keep this number on file to use as a reference for your records and future communication.

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

Signed and Submitted Applications

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

➤ Just like the drafted and saved applications, you will be able to view your submitted applications. However, you will **<u>NOT</u>** be able to make any changes to it once you have submitted it for review and approval. If you need to make changes to a submitted draft, please contact the IFSP staff by email at IFSPsupport@dbhds.virginia.gov.
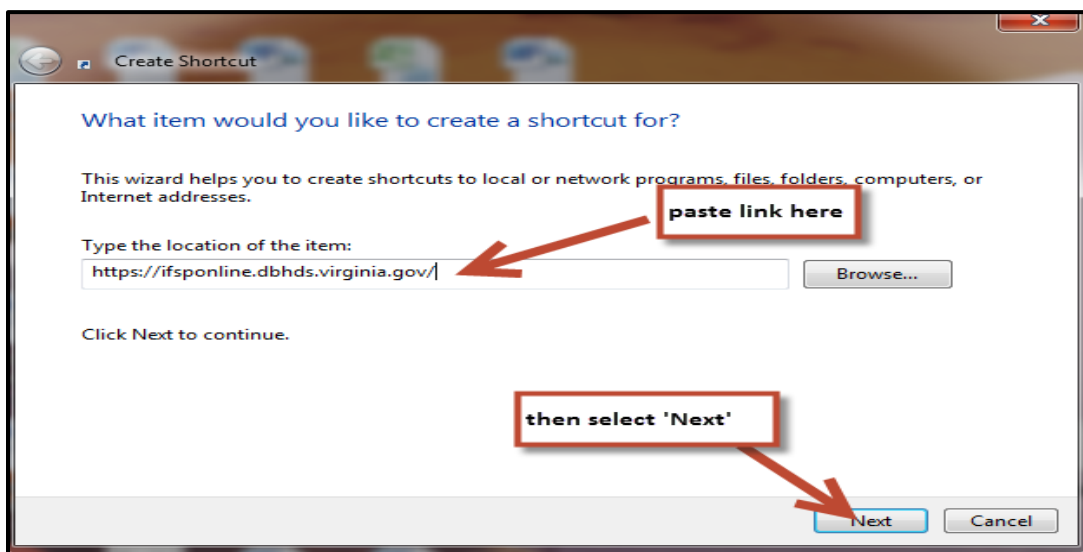
Saving the IFSP Online Website to Your Desktop

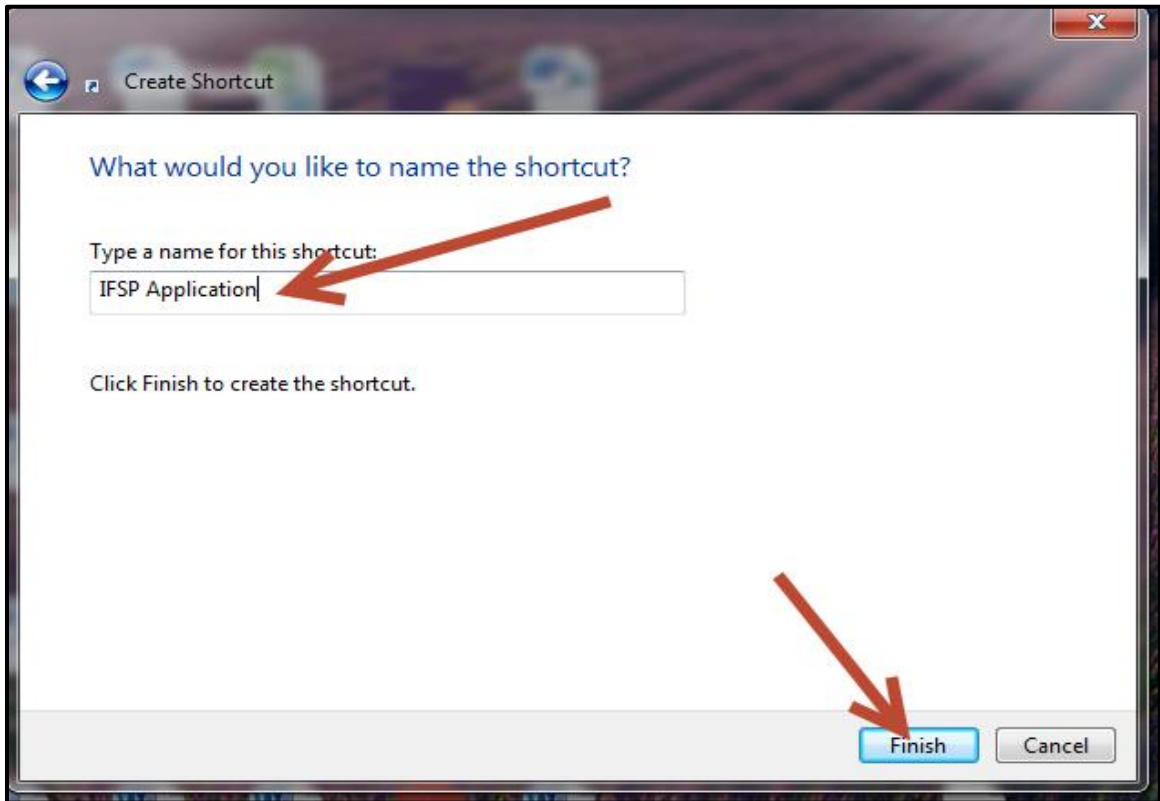The following steps will help you save the IFSP Application Portal website to your computer desktop.

➢ Right click your mouse on your desktop and select "**New**" then "**Shortcut**" from the drop-down list.
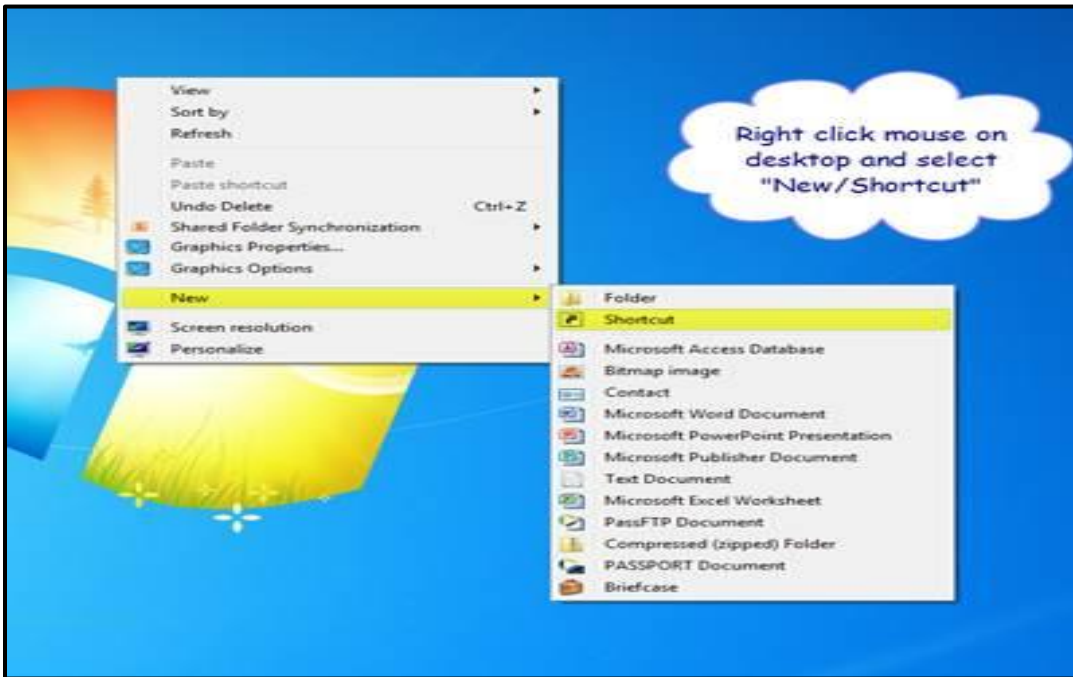
➢ Copy and paste the IFSP link https://ifsponline.dbhds.virginia.gov/ and click "**Next".**

➢ Enter a shortcut name (ex. IFSP Application Portal) and click "**Finish**".

➢ Check your desktop to verify that the newly created "Shortcut" appears. You can now double-click this "Shortcut" whenever you want to go to the IFSP Application Portal website.