

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 2025 by Virginia Department of Behavioral Health & Developmental Services (DBHDS).

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 by DBHDS WaMS Administration, Dated September 29, 2025.

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	7
Update Applicant Contact Information / SSN	7
Complete Funding Category section	9
Statement.....	9
Categories.....	10
Edit Categories / Items / Amounts	13
Delete Items	15
Acknowledgements and Signature.....	15
Signature	16
Save Changes.....	16
Submit Application	17
View IFSP Applications	18
Apply for Funds (You're the Custodial Family Member)	19
Start New Application	19
Verify Applicant's Address, Email, SSN.....	20
Update Applicant Contact Information / SSN	20
Complete Custodial Family Member section	21
Complete Funding Category section	23
Statement.....	23
Categories.....	24
Edit Categories / Items / Amounts	27
Delete Items	28
Acknowledgements and Signature.....	28

Signature	29
Save Changes.....	29
Submit Application	30
View IFSP Applications	31
Apply for Funds (For Child / Under Age 18).....	33
Start New Application	33
Verify Applicant’s Address, Email, SSN.....	35
Update Applicant Contact Information / SSN	35
Complete Custodial Family Member section	36
Complete Funding Category section	37
Statement.....	38
Categories.....	39
Edit Categories / Items / Amounts	42
Delete Items	43
Acknowledgements and Signature.....	43
Signature	44
Save Changes.....	44
Submit Application	45
View IFSP Applications	46
Print Application	48
Print Application.....	48
Email Notifications.....	49
Application Submitted Email.....	49
Application Approved Email.....	50
Application Partially Approved.....	50
Application Denied Email	51
Reconsideration	53
Modify Application	54
Withdraw Application	54
Discard Application	55
Track Application	56
Application Status	56
Check Status Online.....	57

Sign Out of Portal	59
Funding Period	60
Open Funding Period.....	60
Closed Funding Period.....	60
Getting Help	61
The Portal URL.....	61
Community Services Board	61
IFSP Application Help	61
IFSP Funding Information.....	61
IFSP Guidelines.....	61
IFSP Email List.....	61
WaMS Help Desk.....	61
Individual and Family Support Program (IFSP).....	61
Acronyms and Abbreviations	62
Index	63

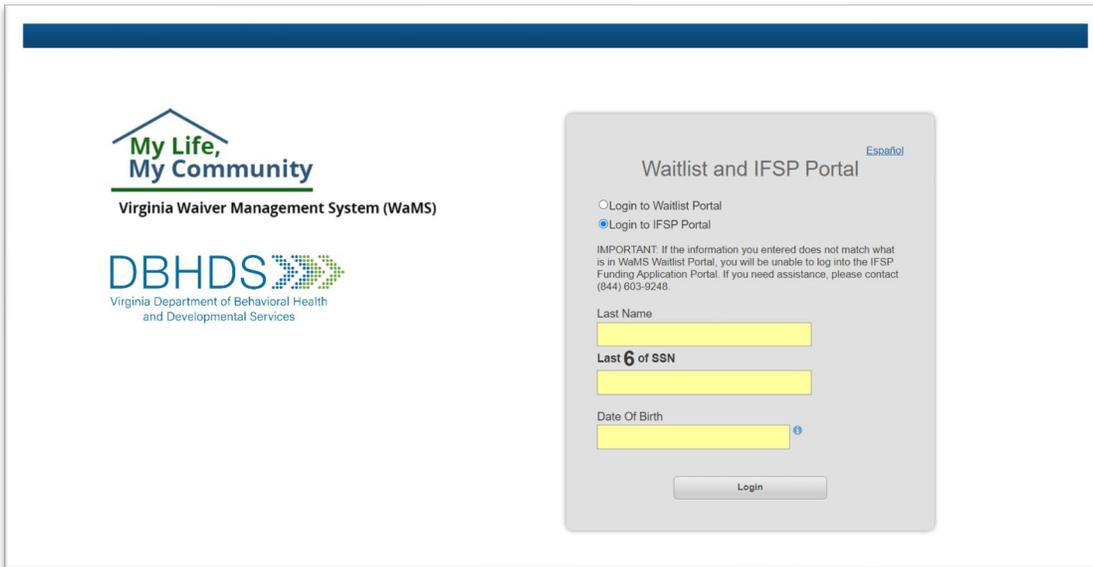
ABOUT THE WAITLIST AND IFSP PORTAL

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 the *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 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. 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 / Custodial Family Member)

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 / Custodial Family Member)
- 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 Custodial Family Member (on behalf of the person) (the *Applicant / Custodial Family Member*) 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:

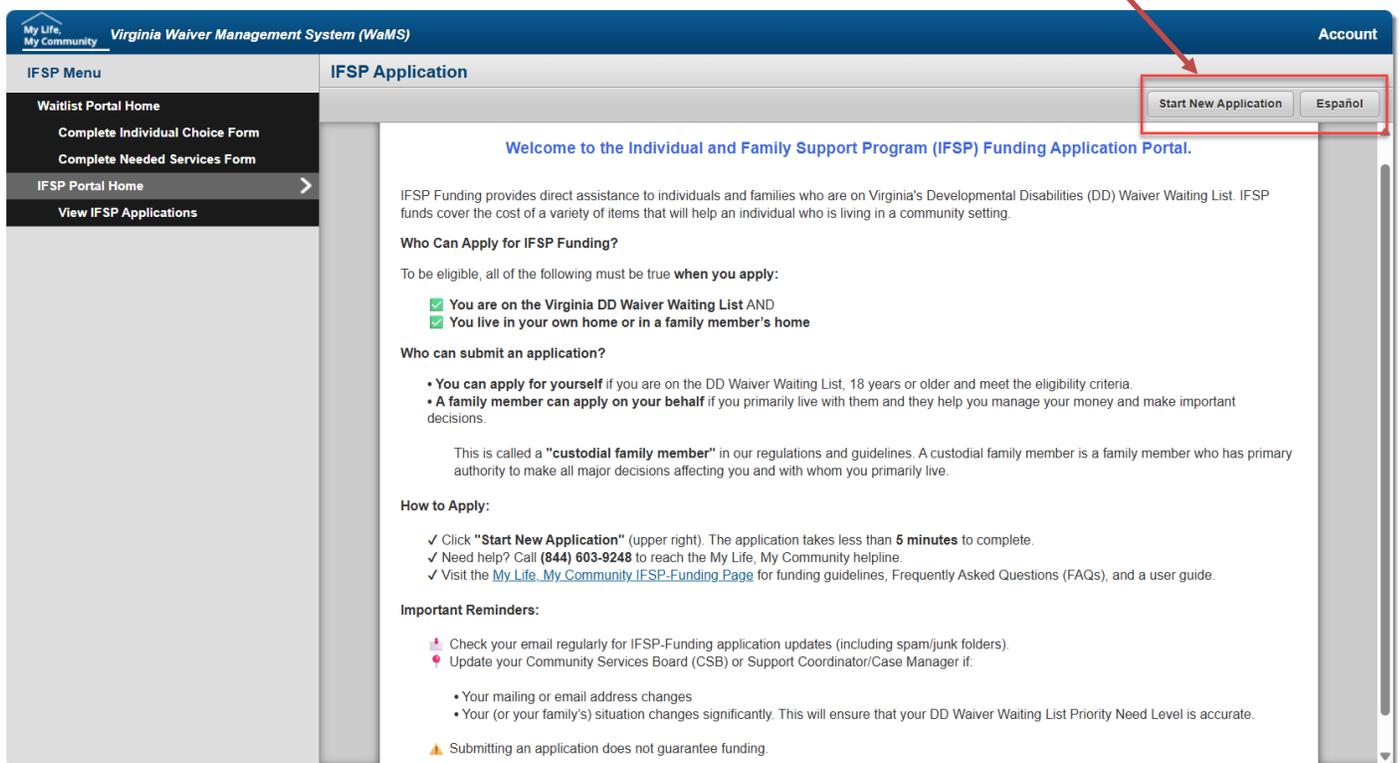
Error: The information entered cannot be matched to a record in the system. Please check the information accuracy and try again. If you need assistance, please contact 804-840-5951.

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)

The IFSP Funding online application is divided into 3 parts:

1. **Applicant Section**
 - This section provides information about the Applicant including name,
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 "Who is submitting the application?" appears:

Who is submitting this application? *

I am a person on the DD Waiver Waiting List.

I am a family member of a person on the DD Waiver Waiting List.

Continue

2. Select the option "I am a person on the DD Waiver Waiting List".

3. Click on **Continue**. The question “Do you currently live in your own home or a family home?” appears:

-Do you currently live in your own home or a family home?*

Yes, I live in my own home.

Yes, I live in a family home.

No, I do not live in either my own home or a family home.

Continue

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

Note: If **No, I do not live in either my own home or a family home is selected**, a message appears that the applicant is ineligible and the application closes.

4. Click on **Yes** to confirm the applicant lives in either their own home or family home. The following message appears:

If you need help filling out this application, someone may assist you. However, the Social Security Number must be yours, not the helper's. If you are approved, the funding card will be issued in your name.

Cancel **Continue**

5. Click on **Continue**.

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:	Edna
Individual's Last Name:	Mode
Individual's DOB:	11/25/1996
Individual's CSB:	Sunshine Networks
Individual's Priority Level:	Priority 1
Application ID:	

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.

The information you enter below will be used only for IFSP Funding communications. If your mailing address, email address, or phone number has changed, please click on the "Update information" checkbox below to update it. If you need help filling out this application, someone may assist you. However, the Social Security Number must be yours, not the helper's. If you are approved, the funding card will be issued in your name.

Update information*

Note: To update your official record, please contact your local [Community Services Board](#) (Sunshine Networks) or Support Coordinator/Case Manager.

Individual's Mailing Address

Street Address 1:*	309 Incredible Way
Apt./Unit:	
City:*	Richmond
State:*	Virginia
Zip Code:*	23235
Individual's Email:*	edna.mode@nmail.com
Individual's SSN:*	382572298

Note: Please review mailing address, email, and SSN for accuracy (click the **Update Information** check box 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 down to the *Funding Category* 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 as displayed:

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.

1. Click the **Update Information** checkbox.

The information you enter below will be used only for IFSP Funding communications. If your mailing address, email address, or Social Security Number has changed, please click on the "Update information" checkbox below to update it. If you need help filling out this application, someone may assist you. However, the Social Security Number must be yours, not the helper's. If you are approved, the funding card will be issued in your name.

Update information *

Note: To update your official record, please contact your local [Community Services Board](#) (Sunshine Networks) or Support Coordinator/Case Manager.

Individual's Mailing Address

Street Address 1:

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

The information you enter below will be used only for IFSP Funding communications. If your mailing address, email address, or Social Security Number has changed, please click on the "Update information" checkbox below to update it. If you need help filling out this application, someone may assist you. However, the Social Security Number must be yours, not the helper's. If you are approved, the funding card will be issued in your name.

Update information *

Note: To update your official record, please contact your local [Community Services Board](#) (Sunshine Networks) or Support Coordinator/Case Manager.

Individual's Mailing Address

Street Address 1:

Apt./Unit:

City:

State:

Zip Code:

Individual's Email:

Individual's SSN:

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.**

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.

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 local [Community Services Board](#) (Sunshine Networks) or Support Coordinator/Case Manager.

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

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** 1

Item: *
Select the "Need Category Type" then choose

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 con
- Home modifications to improve accessibility, bathroom remodels, and driveway installations and window installation
- Home security systems, including home alarms and cameras

Requested Amount \$: * 3

Total Requested Amount \$:

[Add Requested Amount](#)

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.

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 \$: [Empty]

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 ✕

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 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.

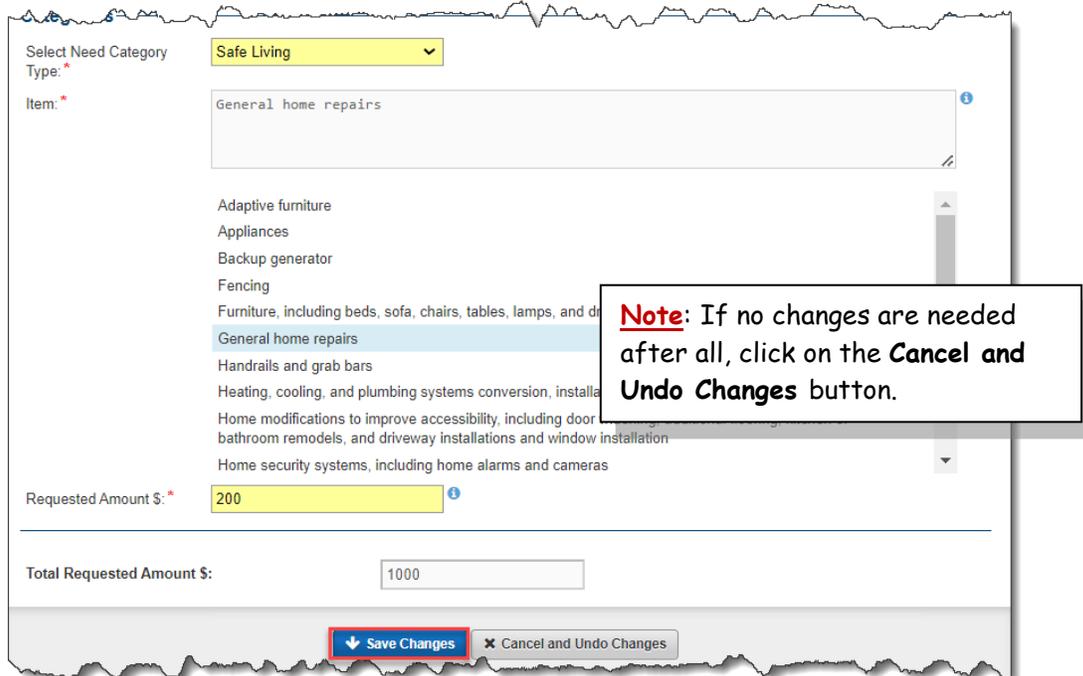
Current Funding Categories			
Select Need Category Type	Item	Requested Amount \$	Actions
Safe Living	Handrails and grab bars	190	Edit Delete
Safe Living	Wheelchair ramp and other ramps	200	Edit Delete
Improved Health Outcomes	Medication	110	Edit Delete
Community Integration	Day support programs	500	Edit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

The Applicant should type their first and last name in the signature field.

1. Click in the *Type your full name as your signature* field and type your first and last name.

Signature

Applicant Required Acknowledgments

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

Signature

Type your full name as your signature: *

Date:

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

Save Changes

The application cannot be submitted 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.

Note: Changes can be saved as often as needed prior to submission.

The **Save Changes** and **Submit** buttons are located in two areas of the application (top right and the *Signature* section).

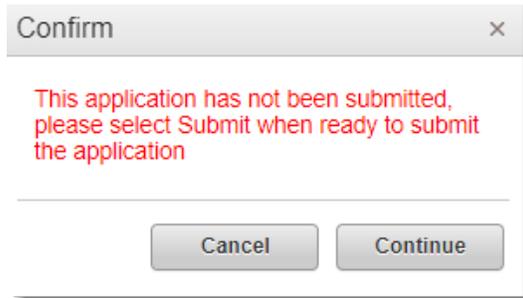


Signature

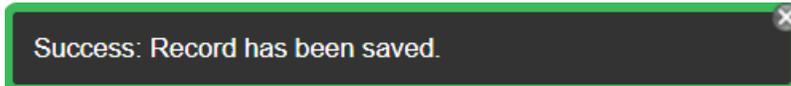
Type your full name as your signature: *

Date:

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



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

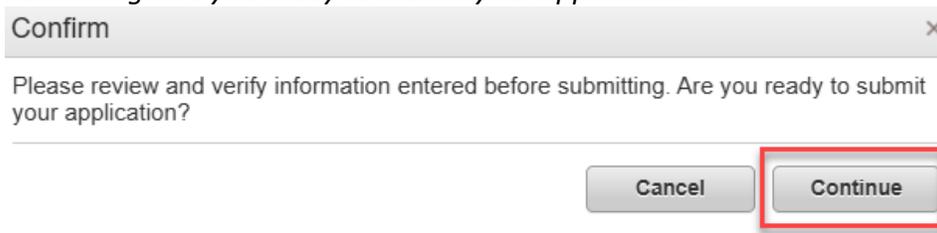


Note: Changes can be made to the application as often as needed prior to submission. Be sure to click on “Save Changes” after making a change.

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 (either top right or in signature section).
2. The **Confirm** dialog box appears stating “Please review and verify information entered before submitting. Are you ready to submit your application?”



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 “Submitted”
 - 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 "Submitted." 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),

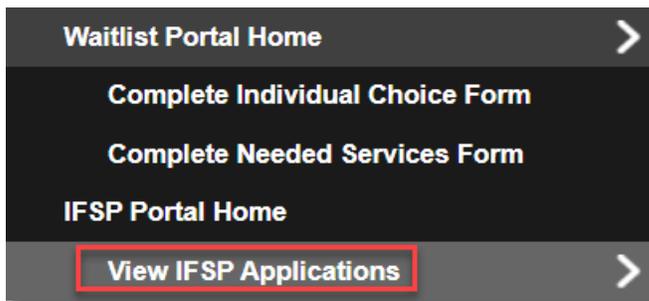
If the application is open,

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
09/20/2025	FY2600737	09/21/2025	Submitted	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)

The Applicant's *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) can complete the application on behalf of the applicant.

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 APPLICANT INFORMATION

Start New Application

Use the following steps to apply for funds if you are the Custodial Family member for an Applicant 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 "Who is submitting the application?" appears:

Who is submitting this application? *

I am a person on the DD Waiver Waiting List.

I am a family member of a person on the DD Waiver Waiting List.

Continue

2. Select the option "I am a family member of a person on the DD Waiver Waiting List".

3. Click on **Continue**. The box to “Please confirm that the person on the DD Waiver Waiting List lives with you and that you are the family member who makes major decisions for them” appears:

Please confirm that the person on the DD Waiver Waiting List lives with you and that you are the family member who makes major decisions for them. *

Yes.

No.

Continue

Note: Applicant must live with the Custodial Family Member to apply for funds.

Note: If **No** is selected, a message appears that you are not eligible to apply for IFSP Funding. Only the person on the DD Waiver Waiting List or a custodial family member may apply. A custodial family member is a family member who lives with the individual and has primary responsibility for making major decisions affecting them. You can **Cancel the Application**.

4. Click on **Yes** to confirm the applicant lives with you and that you make major decisions for them.
5. Click on **Continue**.

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).

Verify Applicant’s Address, Email, SSN

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

If no changes need to be made, scroll to the *Custodial Family Member* 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 the **Update Information** button.

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

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

The information you enter below will be used only for IFSP Funding communications. If your mailing address, email address, or Social Security Number has changed, please click on the "Update information" checkbox below to update it. If you need help filling out this application, someone may assist you. However, the Social Security Number must be yours, not the helper's. If you are approved, the funding card will be issued in your name.

Update information* 1

Note: To update your official record, please contact your local [Community Services Board](#) (Sunshine Networks) or Support Coordinator/Case Manager.

Individual's Mail

Street Address: **Note: Be sure to only add apartment number or units in the Apt. / Unit field.** 825 Sponge Bob Way

Apt./Unit: [Empty]

City:* Richmond

State:* Virginia

Zip Code:* 23220

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

Individual's SSN:* 767992353

2

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 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 Custodial Family Member:

- 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: *	Barbara
Custodial Family Member Last Name: *	Starr
Custodial Family Member Date of Birth: *	05/21/1970 ⓘ
Custodial Family Member SSN: *	629694371
Custodial Family Member Mailing Address	
Street Address 1: *	825 Sponge Bob Way
Apt./Unit:	
City: *	Richmond
State: *	Virginia ▼
Zip Code: *	23220
Custodial Family Member Email: *	2happy@trainreg.net

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

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].”

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: *

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

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 circled '1'. Below that, the 'Total Requested Amount \$' field shows '0'. A blue button labeled 'Add Requested Amount' with a downward arrow is highlighted with a red box and a circled '2'. Below the button is a table titled 'Current Funding Categories' with columns: 'Select Need Category Type', 'Item', 'Requested Amount \$', and 'Actions'. Below the table, another 'Total Requested Amount \$' field shows '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'. The 'Add Requested Amount' button is still visible. Below it, the 'Current Funding Categories' table now has one row: 'Safe Living' (Select Need Category Type), 'Handrails and grab bars' (Item), '60' (Requested Amount \$), and 'Edit Delete' (Actions). Below the table, the 'Total Requested Amount \$' field is also updated to '60'. A red box highlights the row in the table. A note box with a red border contains the text: 'Note: The amount is rounded up from \$59.95 to \$60.' Red arrows point from the note box to the '60' values in the 'Total Requested Amount \$' fields.

5. 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,

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	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	

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.

- 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,

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.

↓ 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

The Custodial Family Member should type their first and last name in the signature field.

1. Click in the *Type your full name as your signature* field and type Custodial Family Member's first and last name.

Signature

Applicant Required Acknowledgments

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

Signature

Type your full name as your signature: *

Date:

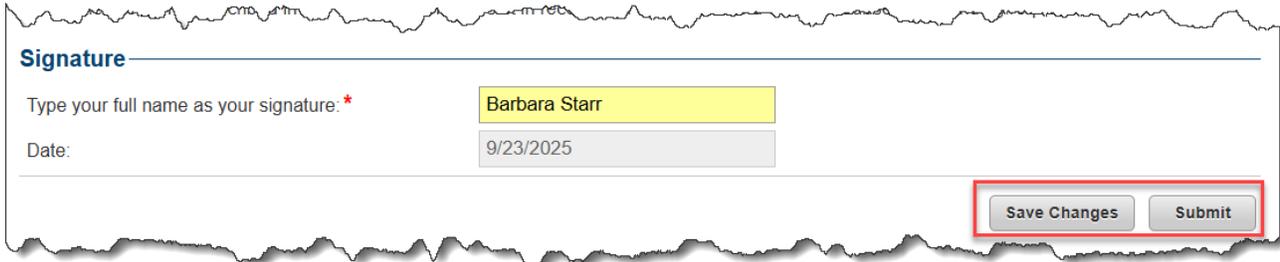
Note: The date is auto-populated with current day's date.

Save Changes

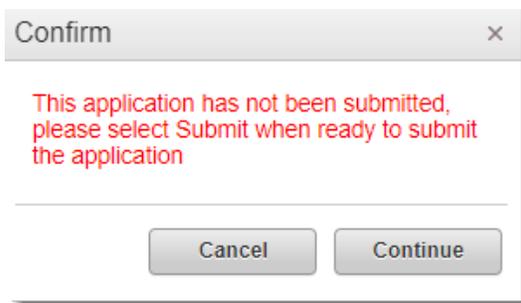
The application cannot be submitted until ALL required fields (denoted with red asterisks (*)) have been entered in the application. Once an application is complete, it is a good idea to save and review *before* submitting the application for review.

Note: Changes can be saved as often as needed prior to submission.

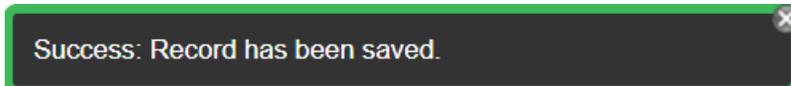
The **Save Changes** and **Submit** buttons are located in two areas of the application (top right and the *Signature* section).



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



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

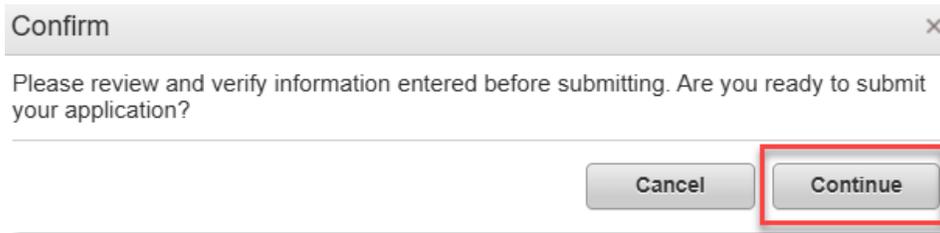


Note: Changes can be made to the application as often as needed prior to submission. Be sure to click on “Save Changes” after making a change.

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 (either top right or in signature section).
2. The **Confirm** dialog box appears stating “Please review and verify information entered before submitting. Are you ready to submit your application?”



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 "Submitted"
 - A System generated (no reply) email will be sent to the email address listed in the "Custodial Family Member'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 "Submitted." Once the funding period ends, you cannot withdraw, change or cancel the application.

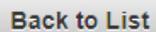
See **Withdraw Application** section for step-by-step instructions.

View IFSP Applications

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

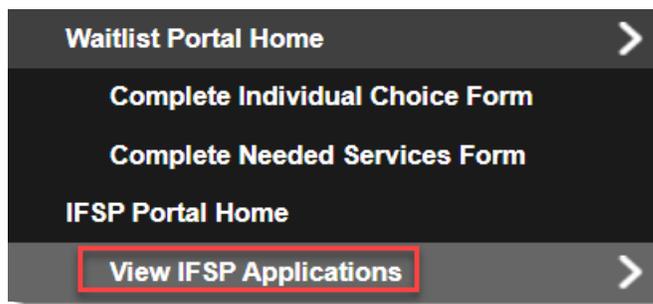
If within an open application,

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
09/23/2025	FY2600750	09/23/2025	Submitted	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)

The Applicant's *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) must complete the application on behalf of the applicant under age 18.

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.

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 "Who is submitting the application?" appears:

Who is submitting this application? *

I am a person on the DD Waiver Waiting List.

I am a family member of a person on the DD Waiver Waiting List.

Continue

Note: Applicants under age 18 must have a family member apply on their behalf. The family member must select "I am a family member of a person on the DD Waiver Waiting List" option to apply.

2. Select the option "I am a family member of a person on the DD Waiver Waiting List".

NOTE: If “I am a person on the DD Waiver Waiting List” is selected, the following error will appear:



3. Click on **Continue**. The box to “Please confirm that the person on the DD Waiver Waiting List lives with you and that you are the family member who makes major decisions for them” appears:

Please confirm that the person on the DD Waiver Waiting List lives with you and that you are the family member who makes major decisions for them. *

Yes.

No.

Continue

Note: Applicant must live with the Custodial Family Member to apply for funds.

Note: If **No** is selected, a message appears that you are not eligible to apply for IFSP Funding. Only the person on the DD Waiver Waiting List or a custodial family member may apply. A custodial family member is a family member who lives with the individual and has primary responsibility for making major decisions affecting them. You can **Cancel the Application**.

4. Click on **Yes** to confirm the applicant lives with you and that you make major decisions for them.
5. Click on **Continue**.

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).

Verify Applicant's Address, Email, SSN

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

If no changes need to be made, scroll to the *Custodial Family Member* 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 the **Update Information** button.
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.

The information you enter below will be used only for IFSP Funding communications. If your mailing address, email address, or Social Security Number has changed, please click on the "Update information" checkbox below to update it. If you need help filling out this application, someone may assist you. However, the Social Security Number must be yours, not the helper's. If you are approved, the funding card will be issued in your name.

Update information* 1

Note: To update your official record, please contact your local [Community Services Board](#) (Sunshine Networks) or Support Coordinator/Case Manager.

Individual's Mailing Address:

Street Address: 6740 Belcher Drive

Apt./Unit: 2B 2

City: Chesterfield

State: Virginia

Zip Code: 32874

Individual's Email: CeeCee@nmail.com

Individual's SSN: 692869291

Note: Be sure to only add apartment number or units in the Apt. / Unit field.

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 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 Custodial Family Member:

- 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: *	Charline
Custodial Family Member Last Name: *	Charmers
Custodial Family Member Date of Birth: *	03/07/1990 ⓘ
Custodial Family Member SSN: *	524003927
Custodial Family Member Mailing Address	
Street Address 1: *	6740 Belcher Drive
Apt./Unit:	
City: *	Chesterfield
State: *	Virginia ▼
Zip Code: *	32874
Custodial Family Member Email: *	ccharmers@nmail.com

No Email Address: A valid email address is required in the *custodial family member's email address* field. If you do not have an email address, it is recommended that you 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.

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].”

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 \$: 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.

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.

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:

- 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 \$:

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

Add

- Type the amount in the **Requested Amount \$** field.
- 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

The Custodial Family Member should type their first and last name in the signature field.

1. Click in the *Type your full name as your signature* field and type Custodial Family Member's first and last name.

Signature

Applicant Required Acknowledgments

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

Signature

Type your full name as your signature: *

Date:

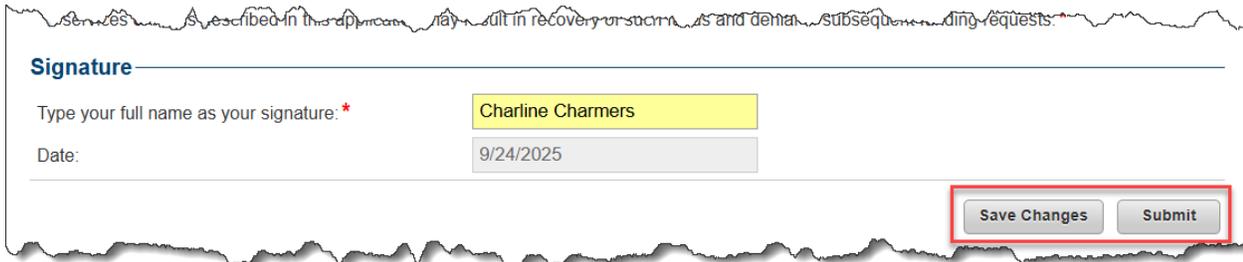
Note: The date is auto-populated with current day's date.

Save Changes

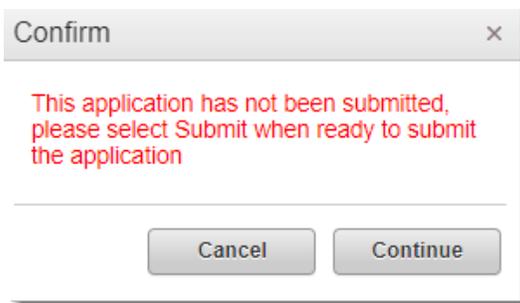
The application cannot be submitted until ALL required fields (denoted with red asterisks (*)) have been entered in the application. Once an application is complete, it is a good idea to save and review *before* submitting the application for review.

Note: Changes can be saved as often as needed prior to submission.

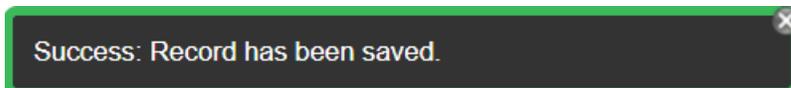
The **Save Changes** and **Submit** buttons are located in two areas of the application (top right and the *Signature* section).



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



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

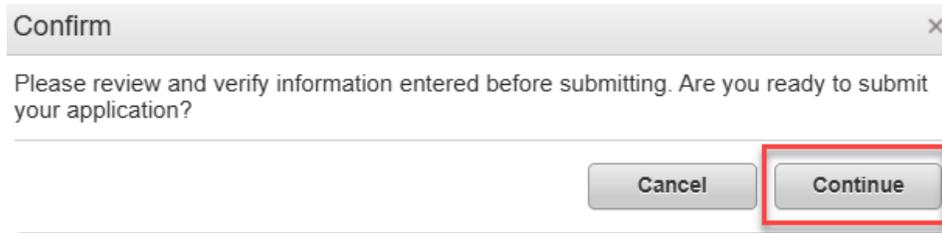


Note: Changes can be made to the application as often as needed prior to submission. Be sure to click on “Save Changes” after making a change.

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 (either top right or in signature section).
2. The **Confirm** dialog box appears stating “Please review and verify information entered before submitting. Are you ready to submit your application?”



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 "Submitted"
 - A System generated (no reply) email will be sent to the email address listed in the "Custodial Family Member'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 "Submitted." 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

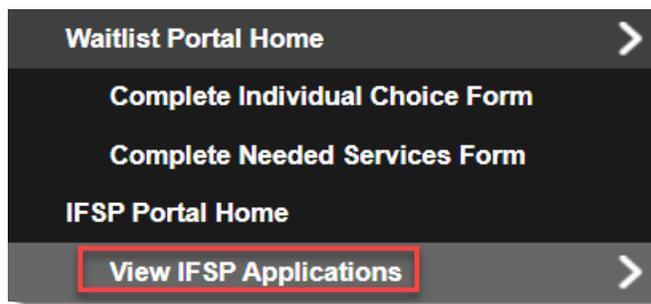
Once an application has been started, it can be found in the **View IFSP Application** list. To see a list of applications and the status (including applications from previous funding cycles),

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
09/24/2025	FY2600755	09/24/2025	Submitted	Summary

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

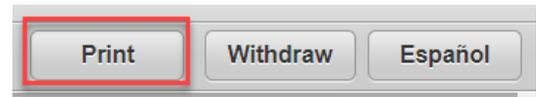
PRINT APPLICATION

Once an application has been submitted and when it is in *Submitted*, *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:	Christie
Individual's Last Name:	Love
Individual's DOB:	[Redacted]
Individual's CSB:	Sunshine Networks
Individual's Priority Level:	[Redacted]
Application ID:	FY2600736

The information you enter below will be used only for IFSP Funding communications. If your mailing address, email address, or Social Security Number has changed, please click on the "Update information" checkbox below to update it. If you need help filling out this application, someone may assist you. However, the Social Security Number must be yours, not the helper's. If you are approved, the funding card will be issued in your name.

Update information

Note: To update your official record, please contact your local (Sunshine Networks) or Support Coordinator/Case Manager.

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:	***.-**-1921

Funding Category

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 four types of emails that will be sent to the applicant or custodial family member's email address:

- Application Submitted
- Application Approved
- Application Partially Approved
- Application Denied

Note: For information about the funding determination process, see the [Funding Guidelines \(Section III: Program Categories and Section VII: Funding Award Process\)](#).

Application Submitted Email

When an application is Submitted, Approved or Denied, a system generated email is automatically sent to the applicant / custodial family member's email from donotreply@wamsvirginia.org with the subject line: **Your FY__ IFSP Application has been submitted.** See example below:

Virginia.gov

DBHDS

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

Your IFSP Application has been **submitted**. **Application Status**

Your application ID is **FY2600751**. **Application ID**

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

Current Funding Categories:

Select Need Category Type	Item	Requested Amount \$
Safe Living	Handrails and grab bars	266
Safe Living	Wheelchair ramp and other ramps	200
Community Integration	Transportation services, including Uber, Lyft, cabs, buses, etc.	334
Improved Health Outcomes	Communication and assistive technology, including computers, tablets, laptops, iPads, apps, mobile phones, mobile phone services, warranties and repairs, internet services, speech applications, and speech products	200

Total Requested Amount \$: 1000

Submitting an application does not guarantee funding. The IFSP will notify you by email if additional information is needed. We will send any communications to the email address that you provided on your application. Once we review all applications, you will receive a message notifying you of approval or denial.

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

My Life, My Community

Note: Receipt of application submission does not guarantee funding.

Application Approved Email

When an application is approved, a system generated email is automatically sent to the applicant or custodial family member from *donotreply@wamsvirginia.org* with the subject line: **Important Information Regarding Your FY__ IFSP Funding Request**. See example below:



Application Partially Approved

If an application is partially approved an email will be sent directly from the IFSP Staff with an explanation. The status **“Partial Approval”** will display in the *Application Status* column in the portal.

Creation Date	Application ID	Submitted Date	Application Status	Actions
09/24/2025	FY2600753	09/24/2025	Partial Approval	Summary

Application Denied Email

When an application is denied, a system generated email is automatically sent to the applicant or custodial family member from donotreply@wamsvirginia.org with the subject line: **Important Information Regarding Your FY__ IFSP Funding Request**. There are three types of denial emails that can be received: 1) Funds Expended, 2) No Longer Eligible or 3) Non-Compliance. See examples below:

Denial Reason - Funds Expended:

The screenshot shows an email header from Virginia.gov with the logo for DBHDS (Virginia Department of Behavioral Health and Developmental Services). The subject of the email is 'The Individual and Family Support Program'. The body of the email contains the following text:

Your application ID is **FY2600753**. **Application ID**

Your FY 2026 Individual and Family Support Program application for funding has been denied because the IFSP has expended our Funding distribution for the FY 2026 cycle.

This means that after review of all applications, your application was not approved during the current cycle due to limited available funds and the outcome of the funding determination process.

Even though we are not able to provide you with financial assistance during this funding cycle, we encourage you to apply for IFSP-Funding in the future. To receive an email notification when funding opportunities open, please [subscribe to our email list](#). **Denial Reason**

Additionally, we encourage you to visit our My Life, My Community website (<https://www.mylifemycommunityvirginia.org>) for information and referrals to resources that may help you to meet your needs. We recommend reviewing our "Beyond IFSP-Funding: Options for Families" document. It covers how to access some of the low or no-cost items that are typically requested in IFSP applications.

For more information about the funding determination process, please review the [IFSP-Funding Program Guidelines Section III: Program Categories and Section VII: Funding Award Process](#). For more information about how individuals with denied applications may request reconsideration, please review [Section VIII: Requests for Reconsideration](#). All requests for reconsideration must be made in writing to the IFSP staff via <https://www.surveymonkey.com/r/TBPKVS8> within 30 days of receiving this notification of denial. The IFSP staff will review the request for reconsideration and make a determination within 30 days of receiving your request. The applicant or the applicant's representative will receive a decision in writing from the IFSP Program Manager. The decision made during the reconsideration will be final.

Thank you,
The IFSP Staff

Denial Reason – No Longer Eligible:

Virginia.gov

DBHDS

Virginia Department of Behavioral Health
and Developmental Services

The Individual and Family Support Program

Your application ID is **FY2600753**. **Application ID**

Your FY 2026 Individual and Family Support Program application for funding has been denied because you are no longer eligible for the program.

According to the IFSP-Funding Program Guidelines, funding cannot be issued when:

- The individual has been enrolled in a Medicaid Home and Community-Based Services (HCBS) Developmental Disability (DD) Waiver, or
- The individual is no longer on the waiting list for a Medicaid HCBS DD Waiver.

Eligibility for the IFSP-Funding Program is limited to individuals who are on the DD Waiver Waiting List and not yet enrolled in a DD Waiver.

Denial Reason

While we are unable to provide funding during this cycle, we encourage you to reapply in the future if your eligibility status changes. To stay informed about upcoming funding cycles, we invite you to [subscribe to our email list](#).

Additionally, we encourage you to visit our My Life, My Community website (<https://www.mylifemycommunityvirginia.org>) for information and referrals to resources that may help you to meet your needs. We recommend reviewing our "Beyond IFSP-Funding: Options for Families" document. It covers how to access some of the low or no-cost items that are typically requested in IFSP applications.

For more information about the funding determination process, please review the [IFSP-Funding Program Guidelines Section III: Program Categories and Section VII: Funding Award Process](#). For more information about how individuals with denied applications may request reconsideration, please review [Section VIII: Requests for Reconsideration](#). All requests for reconsideration must be made in writing to the IFSP staff via

Denial Reason – Non-Compliance:

The screenshot shows an email notification from Virginia.gov. At the top, it says "Virginia.gov" and "DBHDS Virginia Department of Behavioral Health and Developmental Services The Individual and Family Support Program". Below this, it states "Your application ID is **FY2600753**". A green callout bubble labeled "Application ID" points to the ID number. The main body of the email is enclosed in a red border and contains the following text: "Your FY 2026 Individual and Family Support Program application for funding has been denied because you did not comply with the IFSP's policies or regulations for a previous funding award. This includes one or more of the following: • Not registering your IFSP debit card as required, • Not submitting receipts when requested, or • Using IFSP funds for items or services that were not approved". Below this, it says "As a reminder, all applicants must comply with program policies to be eligible for future funding awards." Another green callout bubble labeled "Denial Reason" points to the text "Your FY 2026 Individual and Family Support Program application for funding has been denied because you did not comply with the IFSP's policies or regulations for a previous funding award." The email continues with: "Even though we are not able to provide you with funding this funding cycle, we encourage you to apply for IFSP-Funding in the future. To receive notifications when the next funding period opens, please [subscribe to our email list](#)." It then says: "Additionally, we encourage you to visit our My Life, My Community website (<https://www.mylifemycommunityvirginia.org>) for information and referrals to resources that may help you to meet your needs. We recommend reviewing our "Beyond IFSP-Funding: Options for Families" document. It covers how to access some of the low or no-cost items that are typically requested in IFSP applications." Finally, it says: "For more information about the funding determination process, please review the [IFSP-Funding Program Guidelines Section III: Program Categories](#) and [Section VII: Funding Award Process](#). For more information about how individuals with denied applications may request reconsideration, please review [Section VIII: Requests for Reconsideration](#). All requests for reconsideration must be made in writing to the IFSP staff via <https://www.surveymonkey.com/r/TBPKVS8> within 30 days of receiving this notification of denial. The IFSP staff will review the request for reconsideration and make a determination within 30 days of receiving your request. The applicant or the applicant's representative will receive a decision in writing from the IFSP Program Manager."

Reconsideration

Individuals with denied applications may request *reconsideration*. All requests for reconsideration must be made in writing to the IFSP staff via <https://www.surveymonkey.com/r/TBPKVS8> within 30 days of receiving this 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 *Submitted* 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).

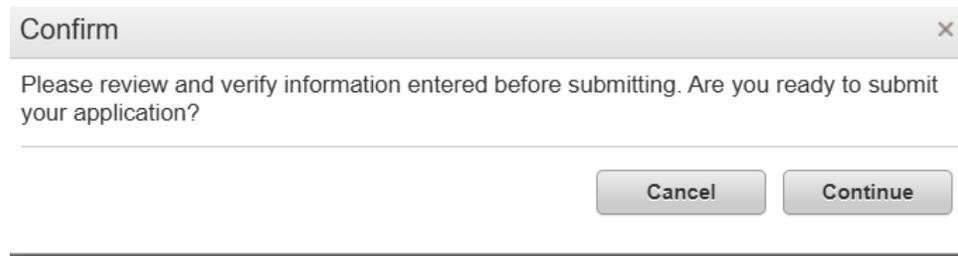


The status of the application changes from “Submitted” to “In Progress”, the toolbar buttons available are “Save Changes, Submit, Discard and Español”. The application is in “edit” mode.



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

The Confirm dialog box appears stating “Please review and verify information entered before submitting. 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 “Submitted”*
 - *A System email will be sent to the applicant / custodial family member’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.**

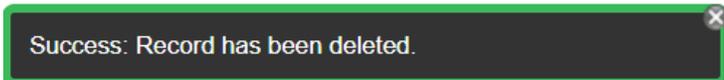
Note: An application must be "In Progress" status to Discard it.

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, partially approved or denied, the current application status can be checked online at any time.

Application Status

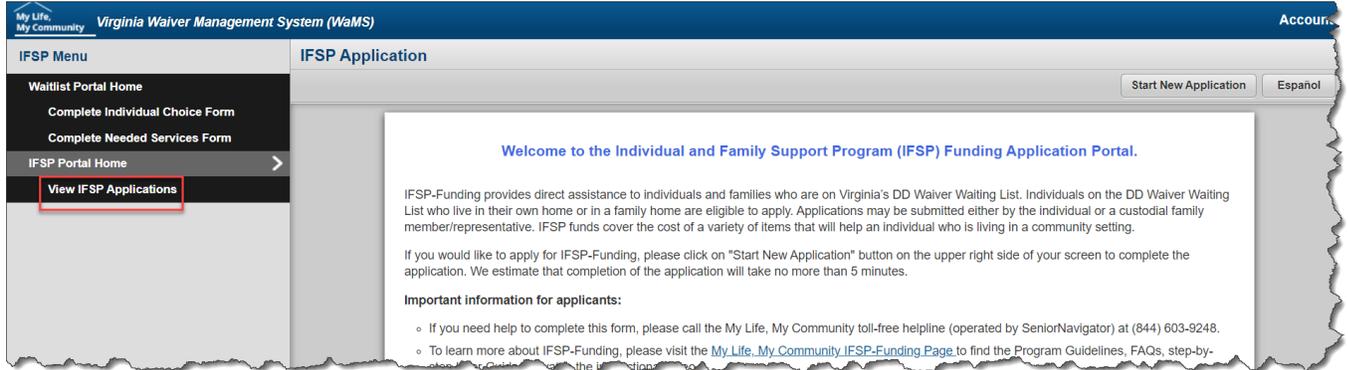
Once an application has been initiated (*using the **Start New Application** button / top right on Home Page*), it can be in one of five statuses:

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.
Submitted	Status updates from <i>In Progress</i> once an application has been submitted to IFSP staff for review.
Approved	Status updates from <i>Submitted</i> once the IFSP staff has reviewed and approved the application.
Partial Approval	Status updates from <i>Submitted</i> once the IFSP staff has reviewed and partially approved the application. An email will be sent directly from the IFSP staff with an explanation.
Denied	Status updates from <i>Submitted</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.

2. View information in *Application Status* column to check most up-to-date status of the application.
3. 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
09/22/2025			In Progress	Summary

Submitted

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
09/25/2025	FY2600962	09/25/2025	Submitted	Summary

Approved

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
09/22/2025	FY2600758	09/25/2025	Approved	Summary

Partially Approved

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
09/24/2025	FY2600753	09/24/2025	Partial Approval	Summary

Denied

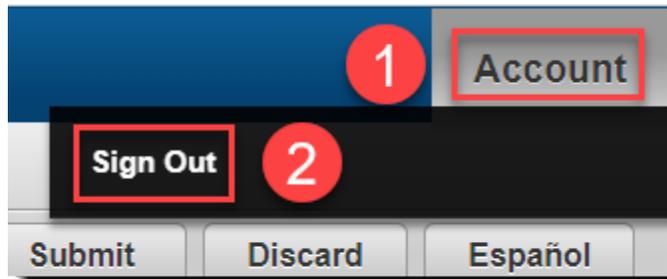
IFSP Application List				
Only 1 application is allowed for submission during the funding cycle				
\$1000 Max for Priority 1				
\$500 Max for Priority 2 and 3				
Start New Application				
Creation Date	Application ID	Submitted Date	Application Status	Actions
09/20/2025	FY2600737	09/21/2025	Denied	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 five statuses: In Progress, Submitted, Approved, Partial Approval 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

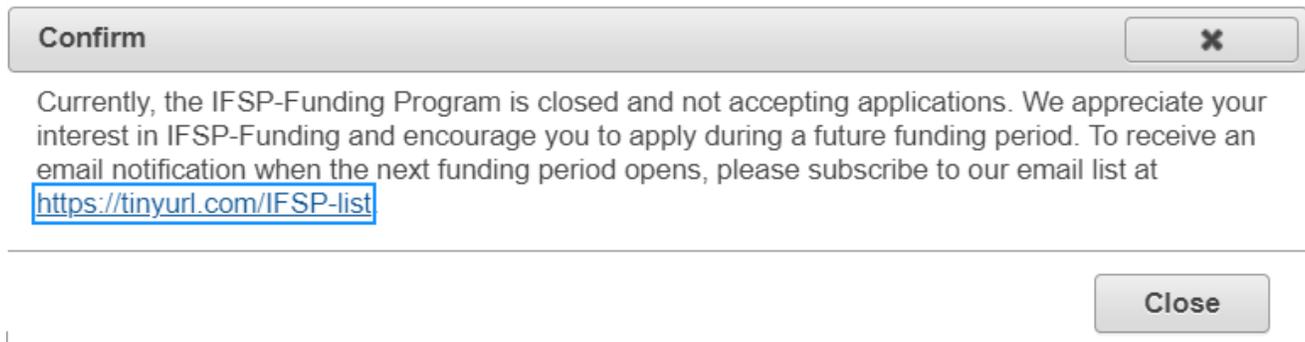
The Portal will be available to log in and check application status at any time; however, you will only be able to apply for funds during an “open” period.

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	Submit Application.....	45
Acronyms and Abbreviations.....	62	Update Information	35
Applicant.....	16, 49, 50, 51	Verify Information.....	35
Applicant / Custodial Family Member ...	2, 3, 49	No Email Address	37
Applicant Section	5, 19, 33	View IFSP Application	46
Application Approved Email	49	Custodial Family Member	19
Application Denied Email.....	49	Acknowledgement	28
Application ID....	7, 17, 18, 31, 32, 46, 47, 54, 58	Complete Custodial Contact Information	
Application Partially Approved Email	49	21
Application Submitted Email	49	Delete Items.....	28
Apply for Funds		Edit Amount	27
Applicant.....	5	Edit Category.....	27
Acknowledgement.....	15	Edit Item.....	27
Delete Items.....	15	Funding Category	23
Edit Amount.....	13	Save Changes	29, 30
Edit Category.....	13	Signature	29
Edit Item.....	13	Start New Application	19
Funding Category.....	9	Submit Application.....	30
Save Changes	16, 17	Update Information	20
Signature.....	16	Verify Information.....	20
Start New Application.....	5	No Email Address	22
Submit Application	17	View IFSP Application	31
Update Contact Info	7	Community Integration.....	2
Verify Contact Info.....	7	Credentials	2, 3
View IFSP Application	18	Custodial Family Member ...	1, 3, 19, 20, 22, 33,
Child	33	35, 36, 49, 50, 51	
Acknowledgement.....	43	Discard Application	55
Complete Custodial Contact Information		Edit Amount	13, 27, 42
.....	36	Edit Category.....	13, 27, 42
Delete Items.....	43	Edit Item.....	13, 27, 42
Edit Amount.....	42	Eligibility.....	1
Edit Category.....	42	Email Notifications	49
Edit Item.....	42	Application Approved Email	50
Funding Category.....	37	Application Denial Email	
Save Changes	44, 45	Funds Expended.....	51
Signature.....	44	No Longer Eligible	52
Start New Application.....	33	Non-Compliance	53

Application Denied Email.....	51	IFSP Funding.....	61
Application Partial Approval Email	50	Improved Health Outcomes.....	2
Application Submitted Email	49	Living Situation.....	1
Español button/Spanish Version	4, 5, 19, 33	Login Requirements	2
Funding Category.....	5, 19, 33	Modify Application.....	54
Add.....	11, 25, 40	Withdraw	54
Community Integration	10, 24, 39	No Email Address	8, 22, 37
Improved Health Outcomes	10, 24, 39	Planned Use of Funds	2
Item.....	12, 26, 41	Print Application	48
Need Category Type	10, 12, 24, 26, 39, 41	Priorities.....	2
Requested Amount.....	10, 12, 25, 26, 40, 41	Max Allowed	2
Safe Living	10, 24, 39	Reconsideration	53
Funding Guidelines.....	1, 5, 9, 19, 23, 33, 37, 38, 49	Safe Living	2
Funding Period.....	60	Save Copy.....	48
Closed.....	60	Sign Out of Portal.....	59
Open	54, 60	Signature	5, 19, 33
Getting Help.....	61	Start New Application button	4, 60
Application Help	61	Submission	2
Find Local CSB	4, 61	The DD Wait List.....	1, 2, 3, 4
Funding Guidelines	1, 61	Track Application	56
IFSP Information	61	Check Status Online	57
IFSP Portal URL.....	61	Status	
My Life, My Community helpline	61	Approved.....	56, 57, 58
Sign Up for Emails	61	Denied.....	56, 58
WaMS Help Desk	61	In Progress.....	56, 57, 58
Getting Started	3	Partial Approval	56, 58
Add Credentials.....	3	Submitted.....	56, 57, 58
IFSP Portal URL.....	3, 61	View IFSP Applications.....	18, 31, 46
Log In.....	3	Withdraw Application	18, 31, 46, 54, 56
The Home Page.....	4		

Page Intentionally left blank