



# Individual and Family Support of Alabama Region 1

OFFICE USE ONLY

Date: \_\_\_\_\_ File #: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
DC: \_\_\_\_\_ SC: \_\_\_\_\_  
Amount requested: \_\_\_\_\_  
Amount approved: \_\_\_\_\_

## Applicant Information

(PLEASE PRINT NEATLY OR TYPE)

Name: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: AL  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Disability: \_\_\_\_\_ Age of Onset: \_\_\_\_\_  
Contact Person for interview: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Phone: \_\_\_\_\_ C / H / W ? Text? Y / N Email: \_\_\_\_\_  
Has Applicant applied for IFS support before? Y / N If yes, When? \_\_\_\_\_  
If Under 6 years old, is applicant at risk of being disabled; has a substantial developmental delay or specific congenital or aquired condition that has a high probability of resulting in a developmental disability? Y / N

**APPLICANT'S FINANCIAL REPRESENTATIVE IS AWARE OF AND CONSENTS TO THIS APPLICATION: Y / N**

REQUIRED VERIFICATION OF DISABILITY: TO BE COMPLETED BY A PROFESSIONAL CARING FOR THE APPLICANT  
(case manager, therapist, school teacher, doctor)

**Does the applicant have substantial limitations in any of the following areas of major life activities?**  
(PROFESSIONAL MUST CHECK ALL THAT APPLY)

\_\_\_ Self Care (feeding, toileting, bathing, dressing, etc) \_\_\_ Receptive or expressive language  
\_\_\_ Learning (cognitive ability to aquire new skills) \_\_\_ Mobility (requires wheelchair, crutches, etc)  
\_\_\_ Self-Direction (needs help managing social and personal life) \_\_\_ Capacity for independent living  
\_\_\_ Economic self-sufficiency (unable to earn financial resources to meet basic costs of living)

**Please describe how:** \_\_\_\_\_

FOR FASTEST PROCESSING:  
ASK THE VERIFYING PROVIDER TO  
EMAIL THE COMPLETED FORM DIRECTLY  
TO YOUR COUNTY IFS REPRESENTATIVE

Name of Professional: \_\_\_\_\_ Title: \_\_\_\_\_  
Name of Employer or Agency: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Text? Y/N

**NEED FOR FUNDS:** \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Make funds payable to: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mail check to address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Memo, PO#, Invoice#: \_\_\_\_\_

It is preferred, but NOT required, to have funds payable to a VENDOR. Funds serving multiple needs or paid online may be payable to the parent or guardian. Funds can be payable directly to applicant, also, if needed.

(If mailing to a business or agency) Business Name: \_\_\_\_\_ Care of: \_\_\_\_\_

COLBERT  
FRANKLIN  
LAUDERDALE

**Jared Culwell**  
2421 Chisholm Rd.  
Florence, AL 35630  
256-339-8327  
IFSregion1Lauderdale@gmail.com

MARSHALL/JACKSON

**Stephanie Mason**  
853 Ruby Johnson Dr  
Scottsboro, AL 35769  
256-244-7388  
Slmason13@outlook.com

**Gail Browning**  
-REGIONAL CHAIR-

**Mark Coleman**  
-REGIONAL ADMINISTRATIVE  
COORDINATOR-  
205-777-9539  
co1e@bellsouth.net

CULLMAN/  
LAWRENCE

**Sherrie Saunders**  
cobalt1sesaunders  
@gmail.com  
256-287-7266  
madisoncountyifs@gmail.com

MADISON/MORGAN  
LIMESTONE

**Cathy Ballew**  
Madison Co. IFS  
714 Paint Rock Rd  
New Hope, AL 35760  
256-509-1663

ETOWAH  
CHEROKEE/DEKALB  
**Different Application  
Required**  
contact:

**Kathy West**  
256-439-1575  
ecdifs22@gmail.com  
P.O. Box 1457  
Gadsden, AL 35902

SEND

COMPLETED APPLICATIONS TO THE REPRESENTATIVE FOR THE APPLICANT'S COUNTY OF RESIDENCE