bytheirside®

Lifelong Advocates for Marylanders with Developmental Disabilities

APPLICATION

INDIVIDUAL NAME: _____ DATE OF BIRTH: _____/_____/_____
First M.I. Last

ADDRESS: _____
Street City State Zip

COUNTY _____ TELEPHONE _____ EMAIL: _____

SEX _____ LEGAL GUARDIAN if any _____

RESIDENTIAL/DAY PROGRAMS_____

DESCRIPTION OF DISABILITY _____

FATHER'S NAME: _____ DATE OF BIRTH: _____/_____/_____
First M.I. Last

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ EMAIL: _____

MOTHER'S NAME: _____ DATE OF BIRTH: _____/_____/_____
First M.I. Last

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ EMAIL:_____

SPONSOR if not parents _____ DATE OF BIRTH: _____/_____/_____
First M.I. Last

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ EMAIL:_____

RELATIONSHIP: _____ COMMENTS:_____

Eligibility criteria include: (1) a diagnosis of developmental disability, (2) member residency in Maryland, (3) ability to serve. Application must be accompanied by documentation of disability or DDA Individual Plan. *By Their Side complies with all federal and state laws and regulations and does not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin or ancestry, or disability.*

Upon approval of membership, the sponsorship fee* is due in full or installments over two years: $3500 for sponsors under the age of 70; $4000 for sponsors 70+; $1,800 for sibling sponsor; $600 intake fee for applicants with no family seeking annual advocacy plan member rates. If application is withdrawn prior to payment in full, fee will be refunded minus $250.00 administrative fee. A $50 annual membership fee is due each July 1st while sponsors are living.

*2019; Rates are subject to change.

Sponsor(s) Signature _____ Date ___/___/____

_____ Date ___/___/____

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