

# Submitting a Mill Levy Individual Request

Individual Requests support the unique needs of Denver residents with an intellectual or developmental disability, a developmental delay, or who are currently seeking a determination. Requests can be made for goods, items, services, or supports that are just right for a person and may include adaptive equipment, basic needs, housing stability, recreation activities and more.

Individual Requests are available to residents of the City and County of Denver of any age, including individuals who are unhoused but consider Denver home. You can submit a request for yourself or for someone you know.

Mill Levy Individual Requests are a funding source of last resort and are reviewed case-by-case based on eligibility, demonstrated need, and available funding. This guide will walk you through how to submit an Individual Request using the RMHS portal.



This process is for people who are **not** currently supported by RMHS. If you **are** supported by RMHS, submit a request through your case manager.

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## Get started by visiting the Mill Levy webpage

You can access the Mill Levy webpage by visiting the RMHS website, clicking **Departments**, and selecting **Mill Levy** from the list. Then, scroll down to **Submit a Referral** and click **SUBMIT REQUEST THROUGH OUR PORTAL**.

### Submit a Referral

The Denver Mill Levy team is committed to providing an equitable and simple Mill Levy request process for all eligible Denver residents with I/DD, not just those supported by RMHS. There are two ways to access the Mill Levy Program:

Supported by RMHS?

Submit a request [through your Case Manager](#)

Not Supported by RMHS?

SUBMIT REQUEST THROUGH OUR PORTAL

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## Choose your language and begin a personal referral

Select your language preference and click **PERSONAL REFERRALS**.

Rocky Mountain Human Services  
Referral Portal

Individuals and providers are invited to use this portal to submit a referral.

English Español

**Personal Referrals**  
Click here if you want to refer yourself, a family member or friend for services.

**Healthcare Professional or Agency Referrals**  
Click here if you are a healthcare worker, provider or agency wanting to refer someone for services.

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## Determine the appropriate program for the person seeking Mill Levy support

Select **MILL LEVY FUNDING ASSISTANCE REQUEST**.

← Back

**Case Management, Agency, and General Referral**  
Click here if you want to refer yourself, a family member or friend for services.

**Community Transitions - Self/Family/Friend**  
Click here if you want to refer yourself, a family member or friend to one of our Community Transitions Programs.

**Systemic Therapeutic Assessment Resources and Treatment (Denver START Program)**  
Click here if you want to submit a referral for yourself or someone else with an Intellectual/Developmental Disability and mental health needs seeking behavioral health crisis support.


**Mill Levy Funding Assistance Request**  
Click here if you have questions about funding needs for yourself, a family member or friend. Mill Levy can provide funding to Denver residents living with an Intellectual or Developmental Disability for individual needs and unique services.

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## Identify the county where the person seeking Mill Levy support lives

Select **YES** if the person seeking Mill Levy support lives in the **City and County of Denver**.

**MILL LEVY REFERRAL FORM**  
*Please fill out the fields below and click "Submit" to create a Mill Levy Referral*

Funding Assistance Request	Client Details	Additional Details
<b>Do you or the person you're requesting support for live in Denver City and County? *</b>		
<input type="radio"/> Yes <input type="radio"/> No		
		
<p><b>CANCEL</b></p>		



If they **do not live in Denver**, you may **NOT** submit an individual request through the Denver Mill Levy Program.

### Residents of Arapahoe and Douglas Counties:

Visit Developmental Pathways



[DPColo.org](http://DPColo.org)

### Residents of Adams County:

Visit North Metro Community Services



[NMetro.org](http://NMetro.org)

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## Enter information about the person seeking Mill Levy Support

Type in the information for the person you're requesting support for. Fields with asterisks are required.

First Name \*

Preferred Name

Last Name \*

Date of Birth \*  
mm/dd/yyyy

Primary Language \*  
--Select--

Needs Interpreter \*  
 Yes  No

Phone \*

Email

Home Address \*  
Address line 1  
Address line 2  
City Colorado Zip

Mailing Address is same as Home Address

Mailing Address \*  
Address line 1  
Address line 2

I am Referring Myself

Relationship to Client \*  
--Select--

First Name \* Last Name \*

Referral Email \*

Referral Phone \*

Does the individual needing assistance currently accept services from RMHS? \*  
 Yes  No

Is the individual connected to another Community Centered Board? \*  
--Select--

Date of Request  
Mar 21, 2026

Request Type \* Expense Type \*  
--Select-- --Select--

Amount Requested \*

Share a little about what you're requesting and how this will support the person \*

Is this all the information you have? \*  
 Yes  No

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## Add supporting documents that prove Denver residency

Upload a document that shows a Denver address for the person seeking Mill Levy support (such as a utility bill, government letter, financial statement, or lease). Click **+ Add Document**, then click **NEXT**.

Supporting Documents

Name	Notes
No documents available	

+ Add Document

CANCEL

NEXT

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## Enter information about yourself

Select whether you're referring yourself or someone else and your relationship to the person seeking Mill Levy support. Complete the relevant fields with your information.

**First Name \***

**Preferred Name**

**Last Name \***

**Date of Birth \***

**Primary Language \***

**Needs Interpreter \***  
 Yes  No

**Phone \***

**Email**

**Home Address \***

**Mailing Address is same as Home Address**  
 Yes

**Mailing Address \***

**I am Referring Myself**  
 Yes

**Relationship to Client \***

**First Name \***  **Last Name \***

**Referral Email \***

**Referral Phone \***

**Does the individual needing assistance currently accept services from RMHS? \***  
 Yes  No

**Is the individual connected to another Community Centered Board? \***

**Date of Request**  
Mar 21, 2026

**Request Type \***  **Expense Type \***

**Amount Requested \***

**Share a little about what you're requesting and how this will support the person \***

**Is this all the information you have? \***  
 Yes  No

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### State if the person seeking support accepts services from RMHS



If the person seeking Mill Levy support **currently accepts services from RMHS**, select **YES** and **do not continue this form**. Instead, contact your RMHS case manager to submit a Mill Levy request.



If the person **does not accept services from RMHS**, select **NO** and continue with this form.

I am Referring Myself

Yes

Relationship to Client\*

--Select--

First Name\* Last Name\*

Referral Email ?\*

Referral Phone ?\*

Does the individual needing assistance currently accept services from RMHS? \*

Yes  No

Is the individual connected to another Community Centered Board? ?\*

--Select--

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### Confirm if the person seeking Mill Levy support receives services from another Case Management Agency



If the person seeking Mill Levy support is in services with another Community Centered Board (Case Management Agency), select **YES**.



If they are not, select **NO**.



If unsure, select **I DON'T KNOW**.

Does the individual needing assistance currently accept services from RMHS? \*

Yes  No

Is the individual connected to another Community Centered Board? ?\*

--Select--

--Select--

Yes

No

I Don't Know

Amount Requested \*

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## Enter details about the Individual Request

Fill out the following fields to provide information about the Individual Request you're submitting:

Does the individual needing assistance currently accept services from RMHS? \*

Yes  No

Is the individual connected to another Community Centered Board? ? \*

---Select---

**Date of Request**  
Mar 21, 2026

**Request Type \*** **Expense Type \***

---Select--

**Amount Requested \***

Share a little about what you're requesting and how this will support the person \*

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**Is this all the information you have? \***

Yes  No

If you have additional information and would like to continue select "No" and press the "Next" button to proceed.

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Amount requested should equal the cost of the individual request.

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## Finalize and submit

Click **SUBMIT**. You have completed the Mill Levy Individual Request submission. A pop-up screen will appear with a confirmation number. Please save this.



You have **completed** the Mill Levy Individual Request Submission form.

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## After submission

- ✓ A Mill Levy staff member will reach out to the individual who submitted the request within 7-10 business days to discuss next steps.
- ✓ Please answer or return calls to avoid delays.