

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.

1

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:

Already supported through an RMHS program?

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

Not supported through an RMHS program?

SUBMIT REQUEST THROUGH OUR PORTAL

Need help submitting a Mill Levy individual request? [View guide](#)

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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.

3

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

Do you or the person you're requesting support for live in Denver City and County? *

☐ Yes ☐ No

CANCEL



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

Residents of Adams County:

Visit North Metro Community Services

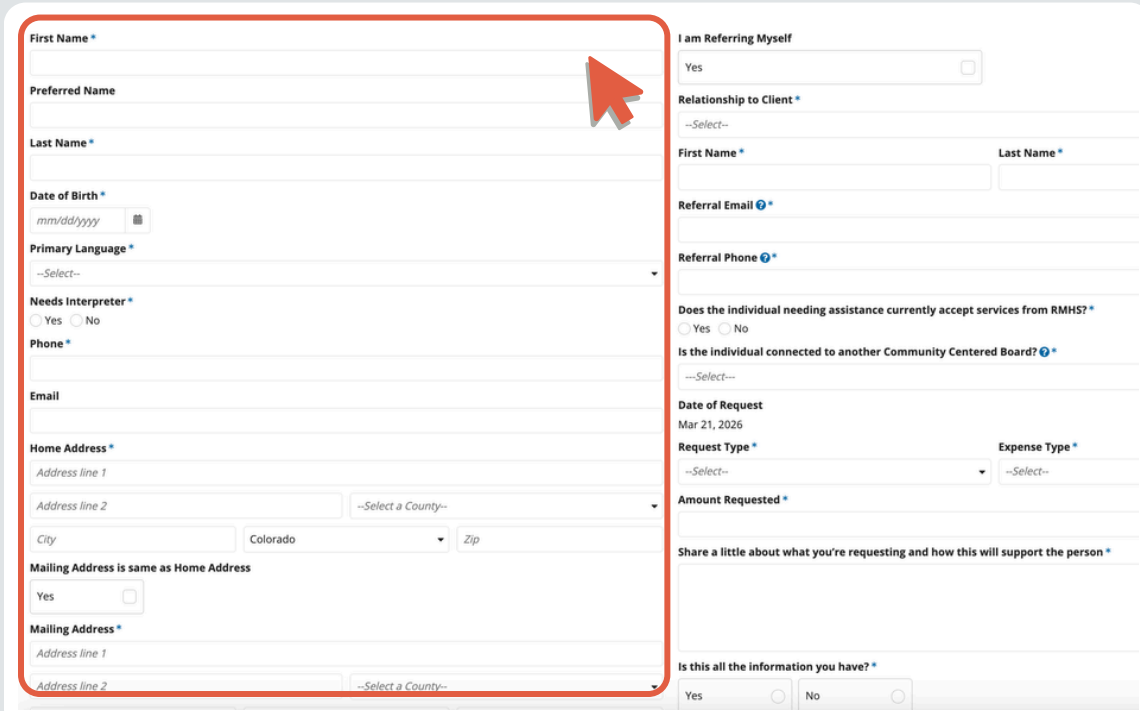


NMetro.org

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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.

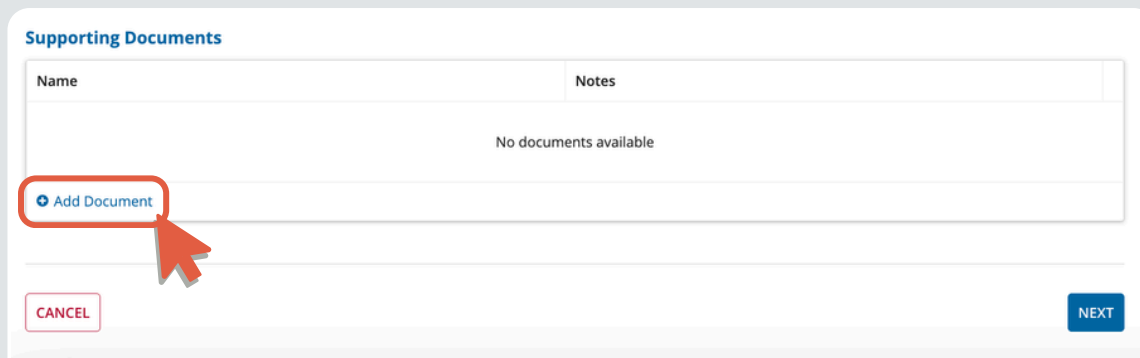


The form is divided into two main sections. The left section, highlighted by a red box, contains the following fields: First Name *, Preferred Name, Last Name *, Date of Birth * (with a date picker), Primary Language * (dropdown), Needs Interpreter * (radio buttons for Yes/No), Phone *, Email, Home Address * (with address line 1, address line 2, a county dropdown, and a zip code field), and Mailing Address * (with address line 1, address line 2, and a county dropdown). The right section contains: I am Referring Myself (checkbox), Relationship to Client * (dropdown), First Name * and Last Name * (for the client), Referral Email *, Referral Phone *, Does the individual needing assistance currently accept services from RMHS? * (radio buttons), Is the individual connected to another Community Centered Board? * (dropdown), Date of Request (Mar 21, 2026), Request Type * (dropdown), Expense Type * (dropdown), Amount Requested *, Share a little about what you're requesting and how this will support the person *, and Is this all the information you have? * (radio buttons).

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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**.



The 'Supporting Documents' section features a table with two columns: 'Name' and 'Notes'. The table is currently empty, with the text 'No documents available' centered below it. Below the table, there is a red box around the '+ Add Document' button, with a red arrow pointing to it. At the bottom of the section, there are two buttons: 'CANCEL' and '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 *	mm/dd/yyyy	
Primary Language *	--Select--	
Needs Interpreter *	☐ Yes ☐ No	
Phone *		
Email		
Home Address *	Address line 1	
	Address line 2	--Select a County--
	City	Colorado
	Zip	
Mailing Address is same as Home Address	☐ Yes ☐ No	
Mailing Address *	Address line 1	
	Address line 2	--Select a County--

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

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

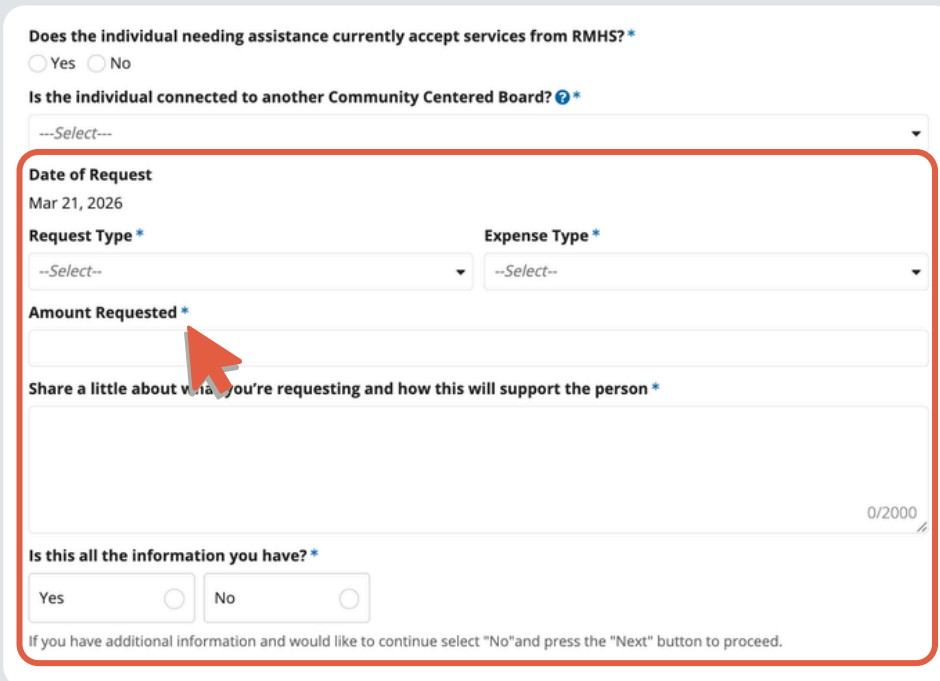
I Don't Know

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-- --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.

APPENDIX