# FY 2025

# LEVELS OF INTENSITY SCORE SHEET

**New and existing programs must obtain written approval from the appropriate Licensing Agency prior to submitting the Levels of Intensity Score Sheet to the**

**Interagency Rates Committee (IRC) at the Maryland State Department of Education.**

**Organization:** Type Name of Organization.

**Program Name:** Type Name of Program

**Program Type/Category:** Select Program Category Type

**Federal ID #:** Enter Federal ID#

**Person Authorized by the Corporation to Sign on its Behalf:**

**(Signature and Date):**

|  |  |
| --- | --- |
| **LEVELS OF INTENSITY**  (Must be approved by the Licensing Agency. Please refer to the Levels of Intensity Instructions.)  ENTER: **H, I, M, L or N/A** | Care and Supervision: Select LOI  Clinical: Select LOI  Educational: Select LOI  Health and Medical: Select LOI  Family Support: Select LOI |

**Licensing Specialist**

**(Signature and Date):**

**The Budget Package is not complete until this form is returned to the IRC with the dated signatures.**