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What is the “PUNS” (Prioritization of Urgency of Need for Services) List and Why Do I Need to Get My Child’s Name on It?

The “PUNS” list is a database maintained by the Illinois Department of Human Services with information regarding persons with developmental disabilities and their families, the supports they are currently receiving and the services they will need in the next five years.

To be eligible for the “PUNS” list, your child or family member:

Must have mental retardation with an onset before age 18

OR

Related condition



A related condition is:

- (1) A condition that is closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to mentally retarded persons and required treatment or services similar to those required for those persons;
- (2) Manifested before age 22;
- (3) Likely to continue indefinitely; and
- (4) Results in substantial functional imitations in three or more of the following areas: self-care, language, learning, mobility, self-direction, and/or capacity for independent living.

Examples of diagnoses that might be considered related conditions include but are not limited to epilepsy, cerebral palsy and autism spectrum disorder.




To get your child or family member on the “PUNS” list, you must contact the Pre-Admission Screening/Independent Service Coordination Agency for your county:

DuPage County: PACT, Inc., 750 Warrenville Road, Suite 300, Lisle, IL 60532 (630) 960-9700

Kane/Kendall County: DayOne Network, 1551 E. Fabyan Pkwy, Geneva, IL 60134 (630) 879-2277

Will/Grundy/Kankakee Cty: Service, Inc., 1740 McDonough St., Joliet, IL 60436 (815) 741-0800

Once your child or family member is determined eligible for the “PUNS” list, he or she will be classified “emergency”, “critical need” or “planning for need”. Currently, the State of Illinois only pulls names from the “emergency” or “critical need” classifications for funding.

			
“Emergency Need” NEED HELP NOW		“Critical Need” NEED HELP IN LESS THAN 1 YEAR	“Planning for Need” NEED HELP IN 1 TO 5 YEARS
In-Home	Out-of-Home		
Short term need, ex. care giver in hospital or has short-term illness, individual has short-term illness	Care giver is unable or unwilling to continue providing care (ex. death of care giver, individual’s behaviors have become too extreme to remain with family member)	Care giver will need additional support within one year (ex. aging care giver, care giver’s health is deteriorating, death of family member, care giver’s need to work outside of the home)	Individual is eligible for services but will not need them unless something happens to care giver(s)
Long term need, ex. individual’s behavior or health has deteriorated significantly, enhanced supports needed to maintain employment, care giver is permanently disabled or terminally ill	Individual has been committed by the Court	Individual will need additional support within one year (ex. deteriorating health, death of family member, graduated or is graduating from school and needs day supports, moving into Illinois, moving out of Illinois, losing other source of funding, leaving incarceration)	Individual lives in out-of-home residential setting and wishes to live in own home or with family member; individual wants to move from one out-of-home residential setting to another
	Suspicion of abuse or neglect in current placement	Care giver or individual has expressed a desire to change living arrangements	Individual will be losing funding source (ex. losing DCFS eligibility, losing EPSDT eligibility, losing ICG grant, aging out of public school system)
	Other crisis	Other reasons	Other reasons