DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER SERVICES APPLICATION TO AMEND SERVICES FOR QUALIFIED PROVIDERS

To amend services, check the appropriate column below to either "Add Service" or "Delete Service". Services are provided statewide. Specify towns that need to be added or deleted from your profile.

Agency must submit verification and documentation of its qualifications to render the Waiver Services indicated on this application. Existing providers must submit documentation only for those programs considered not part of their regular services (i.e. Day providers would need to submit documentation for adding Behavioral Support

services but not for adding Transportation).

services but not for adding Transporta	Add Service	Delete Service	Services
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Family Supports			Blended Supports Companion Supports (Adult Companion)
			Individualized Day Support
			Personal Support
			Respite
			Transportation
Individualized Home Supports (IHS)			Individualized Home Supports (IHS)
			Individualized Home Supports (IHS)-2 Individualized Home Supports (IHS)-3
			Customized Employment Supports
Day Programs			
			Individualized Supported Employment
			Group Day Services (DSO)
			Group Supported Employment
			Prevocational Services
			Senior Supports
			Transitional Employment Supports
			Community Companion Home
Residential Habilitation			Community Living Arrangement
			Continuous Residential Supports
			Live-in Caregiver
			Overnight Respite Facility
			Remote Supports
			Shared Living
Consultant Services			Behavioral Support Services (circle PBS or ABA)
			Healthcare Coordination
			Interpreter Service
			Nutrition

	Add Service	Delete Service	Services
			Assisted Living
			Adult Day Health Services
			Assistive Technology
			Camp
Other Services			Parenting Support
			Peer Support
			Transportation (provided by a transportation compar
	•	•	
Services are provided statewide. Spec	City towns t	nat need to	be added or deleted from your profile.
	Agen	cy Name	
Typed or Printed Name of Authorized Agent			Title
Signature of Authorized Agent for Provider Agency			Date