

**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 Consulting services but not for adding Transportation).

	Add Service	Delete Service	Services
Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	Adult Companion Services
	<input type="checkbox"/>	<input type="checkbox"/>	Individualized Day Support
	<input type="checkbox"/>	<input type="checkbox"/>	Personal Support
	<input type="checkbox"/>	<input type="checkbox"/>	Respite
	<input type="checkbox"/>	<input type="checkbox"/>	Transportation
Individualized Home Supports (IHS)	<input type="checkbox"/>	<input type="checkbox"/>	Individualized Home Supports (IHS)
Day Programs	<input type="checkbox"/>	<input type="checkbox"/>	Individualized Supported Employment
	<input type="checkbox"/>	<input type="checkbox"/>	Group Day Services
	<input type="checkbox"/>	<input type="checkbox"/>	Senior Supports
	<input type="checkbox"/>	<input type="checkbox"/>	Transitional Services
Residential Habilitation	<input type="checkbox"/>	<input type="checkbox"/>	Community Companion Home
	<input type="checkbox"/>	<input type="checkbox"/>	Community Living Arrangement
	<input type="checkbox"/>	<input type="checkbox"/>	Continuous Residential Supports
	<input type="checkbox"/>	<input type="checkbox"/>	Overnight Respite Facility
	<input type="checkbox"/>	<input type="checkbox"/>	Shared Living
Consultant Services	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Behavioral Consultant
	<input type="checkbox"/>	<input type="checkbox"/>	Healthcare Coordination
	<input type="checkbox"/>	<input type="checkbox"/>	Interpreter Service
	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	Adult Day Health Services
	<input type="checkbox"/>	<input type="checkbox"/>	Camp
	<input type="checkbox"/>	<input type="checkbox"/>	Parenting Support
	<input type="checkbox"/>	<input type="checkbox"/>	Peer Support
	<input type="checkbox"/>	<input type="checkbox"/>	Transportation (provided by a transportation company)

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Towns to be Added or Deleted from Provider Profile:

Agency Name

Typed or Printed Name of Authorized Agent

Title

Signature of Authorized Agent for Provider Agency

Date