

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

Agency must submit verification and documentation of its qualifications to render the Waiver Services indicated on this application. Submit documentation only for those programs considered not part of your regular services (i.e. Day providers would need to submit documentation for adding Behavioral Consulting services, but not for adding Transportation).

Place an **X** in the appropriate box

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

Services are provided statewide. Specify towns that need to be added or deleted from your profile.

Towns to be Added to Provider Profile:

Towns to be Deleted from Provider Profile:

Agency Name

Typed or Printed Name of Authorized Agent

Title

Signature of Authorized Agent for Provider Agency

Date