

**DEVELOPMENTAL DISABILITIES ADMINISTRATION
COMMUNITY PATHWAYS**

Change In Service

TO: Terri Hartman
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INDIVIDUAL INFORMATION:	SS#: _____
Name: _____	MA#: _____
Residential/CSLA Provider: _____	
Day Provider: _____	
Resource Coordination Agency: _____	
EDD Purpose Only: Does this consumer contribute towards the Cost of Care? _____ Yes _____ No	

(Check All That Apply and Provide Requested Information)

√	Waiver Service	Provider (Name or TBD)	Site Address City, County, & Zip Code	Addition or Reduction	Effective Date
	Assistive Technology & Adaptive Equipment				
	Behavioral Supports				
	Community Learning Service				
	Community Residential Habilitation				
	Community Supported Living Arrangement/ Personal Supports				
	Day Habilitation				
	Employment Discovery & Customization				
	Environmental Accessibility Adaptations				
	Environmental Assessments				
	Family and Individual Support Services				
	Live-In Caregiver Rent				
	Medical Day Care				
	Respite				
	Shared Living (formerly Individual Family Care)				
	Support Brokerage				
	Supported Employment				
	Transition Services				
	Transportation				
	Vehicle Modifications				

Signature: _____ Date: _____