

COMMUNITY PATHWAYS WAIVER ENROLLMENT CHECKLIST

INDIVIDUAL'S NAME: _____ (FIRST, MIDDLE, LAST)

Current address: _____ **County:** _____

Zip Code: _____

DDA FUNDING CATEGORY GROUP (CHECK ALL THAT APPLY)

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Transitioning Youth – Fiscal Year _____ | <input type="checkbox"/> Crisis Resolution/Emergency |
| <input type="checkbox"/> Currently receiving State only funding (Conversion) | <input type="checkbox"/> Waiting List Equity Fund (WLEF) |
| <input type="checkbox"/> Money Follows the Person (MFP) | <input type="checkbox"/> Placement from an SRC/SETT/Nursing or State Hospital Facility |
| Facility Name: _____ | Discharge Date: _____ |

WAIVER SERVICE REQUESTED: (CHECK ALL THAT APPLY)

Assistive Technology & Adaptive Equipment	Environmental Accessibility Adaptations	Support Brokerage
Behavioral Supports	Environmental Assessments	Supported Employment
Community Learning Service	Family and Individual Support Services	Transition Services
Community Residential Habilitation	Live-In Caregiver Rent	Transportation
Community Supported Living Arrangement/Personal Supports	Medical Day Care	Vehicle Modifications
Day Habilitation	Respite	
Employment Discovery & Customization	Shared Living (formerly Individual Family Care)	

DOCUMENTS:

	Document Name	Date Completed
√	Medicaid Application (Long or Short Form)	
	Level of Care – Initial Certificate of Need	
	Freedom of Choice Form (WC-3B)	
	Individual Plan (IP) – Traditional Model: The most recent IP (Initial or Annual)	
	Individual Plan (IP) – Self-Directed Model: IP and Self-Directed Budget	
	Waiver meeting minutes and sign in sheet.	

For Regional Office Use Only

	Document Name	Date Completed
√	<i>Service Funding Plan (SFP) with Regional Office Sign-Off</i>	

Resource Coordinator (printed name): _____

Resource Coordination Agency (printed name): _____

Office Address: _____

Email Address: _____

Phone: _____ Fax: _____

Resource Coordinator (signature): _____ Date: _____

DDA Regional Waiver Coordinator: _____ Date: _____