

**DDS HOME AND COMMUNITY-BASED SERVICES ADULT WAIVER
PROGRAM REQUEST FORM**

Name of applicant: _____

—
(Print Clearly)

Address of applicant: _____

Date of birth: (mm/dd/yyyy): ____/____/____ Social Security Number: ____/____/____

Has applicant been determined by DDS to be an eligible person with intellectual disability? ____Y ____N

Name of Guardian (if any): _____

Whom contact: _____ to

Relationship applicant: _____ to

Telephone of contact: (____) _____ - _____

CHOICE STATEMENT:

I _____ (Applicant or guardian) choose to apply for the Home and Community-Based Services Adult Waiver Programs and live and receive my services in the community rather than in an ICF/ID.

SIGNATURE: _____

DATE: (mm/dd/yyyy): ____/____/____

Complete this form and mail it to:
Department of Developmental Services
Waiver Management Unit
500 Harrison Avenue
Boston, MA 02118
(888) 367-4435 www.mass.gov/dds

PLEASE CHECK ONE OF THE FOLLOWING FOUR OPTIONS: (see reverse side for program descriptions)

1. () I am **applying for any of the three DDS Adult Waiver Programs.**
 - I understand that if I choose this option, I will first be assessed for the Adult Supports Waiver Program and if I am found eligible for the Adult Supports Waiver Program, I will not be considered for any other DDS waiver program.
 - If I am not found eligible for the Adult Supports Waiver Program I will be assessed for the Community Living Waiver Program. If I am found eligible for the Community Living Waiver Program, I will not be considered for any other DDS waiver program.
 - If I am found ineligible for the Community Living Waiver Program, I will be assessed for the Adult Residential Waiver Program.
2. () I am **applying only** for the **Adult Supports Waiver Program** because I live at home or on my own and I need only minimal supports. I will not be considered for any other waiver program.
3. () I am **applying only** for the **Community Living Waiver Program** because I need more extensive supports in order to live in my own or my family's home, but I do not require 24 hour supervision. I will not be considered for any other waiver program.
4. () I am **applying only** for the Intensive Supports Waiver **Program** because I require 24 hour supervision. I will not be considered for any other waiver program.

MASSACHUSETTS DEPARTMENT OF
DEVELOPMENTAL SERVICES

Executive Office of Health and Human Services
Mary Lou Sudders, Secretary
Department of Developmental Services
Elin M. Howe, Commissioner

DDS REGIONAL OFFICES

Northeast : Hogan Regional Center, PO Box A, Hathorne, MA 01937

Amanda Chalmers, Regional Director (978) 774-5000

Central West: 140 High Street, Springfield, Ma, 01105

Dan Lunden, Regional Director (413) 205-0800

Metro: 411 Waverley Oaks Road, Waltham, MA02452

Gail Gillespie, Regional Director (781) 314-7500

Southeast: 68 North Main Street, Carver, MA 02330

Richard O'Meara, Regional Director (508) 866-5000

DDS HOME AND COMMUNITY-BASED SERVICES ADULT WAIVER PROGRAM REQUEST FORM

To be eligible for the DDS Adult Waiver Programs you must:

- Be a person with intellectual disability as determined by DDS;
- Meet Medicaid eligibility requirements;
- Be at least 22 years of age or older;
- Meet federal requirements for waiver services including eligibility for admission to an Intermediate Care Facility for people with Intellectual Disabilities (ICF/ID — in Massachusetts, an ICF/ID is a large institution);
- Choose to receive your services in the community rather than in an institution; and
- Be assessed to need one or more waiver services.

There are three different DDS Adult Waiver Programs:

- The **Adult Supports Waiver Program** is for individuals who can live in their own home or family home, or the home of another, due to a combination of strong natural/informal, generic and Medicaid services.
- The **Community Living Waiver Program** is for individuals who can live in their own home, or their family home or home of another and do not need supervision 24 hours a day, seven days a week due to the combination of natural, generic, and Medicaid services.
- The **Intensive Supports Waiver Program** is for individuals who need supervision and support 24 hours a day, seven days a week, due to significant behavioral, medical, and/or physical support needs and the absence of available, natural, generic and Medicaid Services.