

Section Name	Who Completes	Item(s)	Instruction and Additional Information
I. Information	The person or the parent, legal guardian, or authorized representative of the person requesting waiver services	A. & B.	This information is about the person.
		C.	This information is about the parent, legal guardian, or authorized representative.
		D., E., F.	This information is about the person.
		G	The person requesting waiver services or the parent, legal guardian, or authorized representative must sign and date.
II. Level of Care Determination	Physician/Nurse Practitioner/Physician's Assistant/Nurse	A. or B.	The individual must meet the definition for a developmental disability and requirements for an ICF/ID level of care . In order to qualify for home and community-based services (waiver), the level of care must be identified as "ICF/ID – Requires active treatment of an intellectual or developmental disability under supervision of a qualified intellectual and/or developmental disability professional. Please refer to the fact sheet for further information. Please check the appropriate level of care. ONLY ONE LEVEL OF CARE IS TO BE CHECKED.
		C.	Are home and community based-services adequate to meet the needs of the participant? Check appropriate response.
		D.	Add any applicable additional comments or information.
III. Medical Information	Physician/Nurse Practitioner/Physician's Assistant/Nurse	A.	A diagnosis must be present.
		B.	Medications must be identified including dosage and frequency.
		C., D., & E.	Complete as it applies to the person/patient.
		F.	Please check the appropriate level of support required for ADLs.
		G.	Please check all appropriate special care/procedures information and include type, frequency, size, stage, and site.
		H.	Physical examination must be completed.
	I.	Must be signed and dated by a Physician or Nurse Practitioner. For a physician, their signature may be delegated to a Physician Assistant under their supervision. The Physician or Nurse Practitioner's printed name, practice address, and phone number must be identified on the form.	