



23720 Airport Road, Coshocton, Ohio 43812
(740) 622-2032 • Fax (740) 622-0832 • www.coshmrrd.org

Heather Kendall, Superintendent

APPLICATION FOR HOME & COMMUNITY BASED WAIVER SERVICES

On the lines below, please indicate whether you wish to be placed on the waiting list for waiver services or the long term service planning registry. Check only one line.

_____ Individual Options Waiver Waiting List: (I am requesting waiver services within twelve months of the date of this application)

_____ Please place me on the waiting list.

_____ Do not place me on the waiting list.

_____ Level 1 Waiver Waiting List (I am requesting waiver services within twelve months of the date of this application)

_____ Please place me on the waiting list

_____ Do not place me on the waiting list

_____ Long Term Planning Registry: (I wish to receive waiver services at some future date, but not within the next twelve months)

_____ Please place me on the registry.

_____ Do not place me on the registry.

NAME OF ELIGIBLE INDIVIDUAL

Signature: _____
Individual or guardian

Date

Time

RES – 04 Revised 02-13-2004, 06-09-2005, 11-08-2005