

Developmental Disabilities Administration (DDA)
Teleservice Agreement

Waiver Participant's Name _____

Teleservice(s) Requested: _____

For each service, what percent of the time would you like to receive teleservice?
Check
Percentage(s): List Service(s):

<input type="checkbox"/> 0 – 25%	1. _____
	2. _____
	3. _____
<input type="checkbox"/> 25 – 50%	1. _____
	2. _____
	3. _____
<input type="checkbox"/> 50 – 75%	1. _____
	2. _____
	3. _____
<input type="checkbox"/> 75 – 100%	1. _____
	2. _____
	3. _____

Please read the below:

- Your provider must use HIPAA compliant technology to protect your privacy and store any information about you on a secure system.
- DDA cannot pay for internet connection.
- When you choose “teleservice” that means that your waiver service will be delivered using a technology device.
- When using “teleservice” your voice and face can be seen and heard on the screen of your provider’s device.
- You can request for your service to be provided in-person any time.
- It is important to have a back-up plan in case of an internet outage or problem with your technology device.
- Please notify your case resource manager any time you would like to change the amount of teleservice you want so this form can be updated.

By signing below, you have read, understand, and agree to receive teleservice delivery for the services listed on this form. If you would like to change the amount of teleservice you receive or the services that you receive, notify your case manager and this form will be updated.

Client Signature: _____

Legal Representative Signature: _____

Instructions for Teleservice Agreement, DSHS 27-215

Waiver Participant Name: Add in the name of the client.

Teleservice(s) requested: List all of the services the client is requesting to be provided through teleservice delivery. (Services must be eligible to be provided through this delivery method.)

What percentage of time the client wants to receive teleservice: Indicate how much time the client would like to receive their service(s) through teleservice delivery and list the service(s) requested for each percentage. **Reminder:** When a client chooses teleservice delivery method, the provider for each service must meet with the client at least one time in their plan year.

Client and Legal Representative Signatures: Client signature acknowledging they understand these items about teleservice delivery are required. Have the client sign here.