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| Transforming Lives | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  HOME AND COMMUNITY BASED SERVICES (HCBS)  **Request for Enrollment in DDA HCBS Waiver**  **or Request to Change from One DDA HCBS Waiver to Another** | | | | |
| **Instructions:** This form may be used to request a DDA HCBS Waiver.  You may add supporting documentation. Once you have filled out the form please return to DDA. DDA will respond to your request in writing.  If you need help filling out this form, you can ask your case manager to help you or you can call the Disability Rights Washington at (800) 562-2702 or (800) 905-0209 (TTY) or (206) 324-1521 or (206) 957-0728 (TTY).  If you would like to have more information about the services available on DDA’s five HCBS waivers, you may go to the DDA internet site below and review the **Waiver Plan Fact Sheet** and the **DDA HCBS Waiver Brochure** or you may contact your regional office and request copies of these documents.  <https://www.dshs.wa.gov/dda/consumers-and-families/home-and-community-based-waivers-hcbs> | | | | | |
| MY NAME IS | | | | | DATE OF BIRTH |
| DDA CLIENT NUMBER (IF KNOWN) | | NAME OF CASE MANAGER (IF YOU HAVE ONE) | TELEPHONE NUMBER | | |
| MY ADDRESS IS CITY STATE ZIP CODE | | | | | |
| NAME OF GUARDIAN / LEGAL REPRESENTATIVE | | | TELEPHONE NUMBER | | |
| ADDRESS OF GUARDIAN / LEGAL REPRESENTATIVE CITY STATE ZIP CODE | | | | | |
| I want enrollment in a waiver or would like to switch waivers because: | | | | | |
| I need the following services: (attach additional pages if necessary) | | | | | |
| I am submitting documents to support my application.  Yes  No  **If you check yes, attach the documents with the application.** | | | | | |
| CLIENT SIGNATURE | | | | DATE | |

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| **Are there other ways I can make a request for the HCBS Waiver?**  You can make a request to enroll in a Home and Community Based Waiver by visiting: <https://www.dshs.wa.gov/dda/service-and-information-request>, and completing and submitting the online service and information request form.  To make a verbal request, contact your regional office by telephone (regional office contact information is located on the last page of this form).  **How do I contact my regional office?**  You may use the following link to reach the regional office or use the information below**.**  **Regional Contact Information**  [https://www.dshs.wa.gov/DDA/**find-dda-office**](https://www.dshs.wa.gov/DDA/find-dda-office) | |
| **Region 1 Headquarters North**  1611 West Indiana Avenue  Spokane, WA 99205-4221  Local: (509) 329-2900  FAX: (509) 568-3037  Toll Free: 1-800-462-0624 (TTY / VOICE)  e-mail:[R1ServiceRequestA@dshs.wa.gov](mailto:R1ServiceRequestA@dshs.wa.gov) | **Region 1 Headquarters South**  3700 Fruitvale Blvd., Suite 200  Yakima, WA 98902-1100  PO Box 12500  Yakima, WA 98909-1100  Local: (509) 225-4620  FAX: (509) 574-5607  Toll Free: 1-800-822-7840 (TTY / VOICE)  e-mail: [R1ServiceRequestB@dshs.wa.gov](mailto:R1ServiceRequestB@dshs.wa.gov) |
| **Region 2 Headquarters North**  840 North Broadway  Building B, Suite 540  Everett, WA 98201-1288  Local: (425) 740-6400  FAX: (425) 252-1363  Toll Free: 1-800-788-2053 (TTY / VOICE)  e-mail:  [R2ServiceRequestA@dshs.wa.gov](mailto:R2ServiceRequestA@dshs.wa.gov) | **Region 2 Headquarters South**  1700 East Cherry Street  Seattle, WA 98122  Local: (206) 568-5700  FAX: (206) 720-3334  Toll Free: 1-800-314-3296 (TTY / VOICE)  e-mail:  [R2ServiceRequestB@dshs.wa.gov](mailto:R2ServiceRequestB@dshs.wa.gov) |
| **Region 3 Headquarters North**  1305 Tacoma Avenue South, Suite 300  Tacoma, WA 98402  Local: (253) 404-5500  FAX: (253) 597-4368  Toll Free: 1-800-248-0949 (TTY / VOICE)  e-mail: [R3ServiceRequestA@dshs.wa.gov](mailto:R3ServiceRequestA@dshs.wa.gov) | **Region 3 Headquarters South**  Point Plaza East, Bldg. 2, 3rd Floor  6860 Capitol Blvd. SE  PO Box 45315  Olympia WA 98504-5315  Local: (360) 725-4250  FAX: (360) 586-6502  Toll Free: 1-800-339-8277 (TTY / VOICE)  e-mail:  [R3ServiceRequestB@dshs.wa.gov](mailto:R3ServiceRequestB@dshs.wa.gov) |