



## INTELLECTUAL/DEVELOPMENTAL DISABILITY (I/DD) STATE-WIDE WAIT LIST DECLARATION

**NAME:** Click or tap here to enter text.  
**KAMIS #:**

**D.O.B.:** Click or tap to enter a date.  
**SSN:** Click or tap here to enter text.

**GUARDIAN:** Click or tap here to enter text.  
**DATE OF LAST ASSESSMENT:**

**TIER:**  
**KDADS WAIT LIST DATE:**

This form is to be used to document your decision to be placed on the Home and Community Based Services Intellectual/Developmental Disability Waiver (HCBS I/DD Waiver) State-wide wait list. The date that you will be added to the Wait List will be determined by Kansas Department for Aging & Disability Services (KDADS). You will be notified of your Wait List date when it becomes effective.

Please check the applicable option below, sign and date at the bottom of the form and return to SDSI. If you have any questions, please contact SDSI at the contact numbers listed below.

### I REQUEST FOR MYSELF OR MY WARD THE FOLLOWING:

- I **request** to be added to the I/DD Statewide Wait List with the intention of accepting services when made available in the future.
- I **decline** to be added to the I/DD Statewide Wait List and do not want additional services that could be made available in the future, other than Targeted Case Management Services.

I understand that by signing below I have chosen to be added or have declined to be added to the HCBS I/DD Waiver State-wide wait list. I understand that if I decline to be added to the wait list at this time and determine I would like to be added to the wait list in the future, I can do so by contacting SDSI at the contact numbers listed below.

**Print Name:** Click or tap here to enter text.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CDDO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_