Print Form

Waiver Services
Approval Request

Date:

CAP/DA Lead Agency:

Requester:

Signature:

Participant's Name:

MID#:

REQUEST FOR:

☐ **Participants Goods and Services:**
Cost:

☐ **Highest wage range for PCA**:
Rate:

Describe item (s) requested and reason for need, include supporting evidence (discuss ADLs, safety, health, and well-being issues; how services will aide in independence, mobility, confidence, and/or relief):

Append attachments when necessary

Documents Attached:

Action: ☐ Approved ☐ Denied- denial reason:

Approver Signature & Title: Date:

04/2010 Revised 6/16/2011; 1/2014