

# Waiver Application Meeting Minutes

**Applicant Name:** \_\_\_\_\_ **Applicant's LTSS ID:** \_\_\_\_\_

**Program Type:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_

**Meeting Attendees:**

**Purpose:**

► Issue Date: **4/11/2024**

# Waiver Application Meeting Minutes

## Person's Story:

## Immediate Goals:

► Issue Date: **4/11/2024**

## Waiver Application Meeting Minutes

**Current Services/Supports (natural, local, community, Community First Choice, Housing Voucher, etc.):**

**What's Working:**

► Issue Date: **4/11/2024**

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## What's Not:

## Applicant's Unmet Needs:

► Issue Date: **4/11/2024**

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### Waiver Services Requested To Meet Unmet Needs:

<b>Support Services</b>		
<input type="checkbox"/> Assistive Technology and Services	<input type="checkbox"/> Behavioral Support Services	<input type="checkbox"/> Environmental Assessment
<input type="checkbox"/> Environmental Modifications	<input type="checkbox"/> Family and Peer Mentoring Supports	<input type="checkbox"/> Family Caregiver Training and Empowerment Services
<input type="checkbox"/> Housing Support Services	<input type="checkbox"/> Individual and Family Directed Goods and Services	<input type="checkbox"/> Live-in Caregiver Supports
<input type="checkbox"/> Nursing Support Services	<input type="checkbox"/> Participant Education, Training and Advocacy Supports	<input type="checkbox"/> Personal Support Services
<input type="checkbox"/> Remote Support Services	<input type="checkbox"/> Respite Care Services	<input type="checkbox"/> Support Broker Services
<input type="checkbox"/> Transition Services	<input type="checkbox"/> Transportation Services	<input type="checkbox"/> Vehicle Modifications
<b>Meaningful Day Services</b>		
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Employment Discovery and Customization
<input type="checkbox"/> Career Exploration	<input type="checkbox"/> Community Development Services	<input type="checkbox"/> Day Habilitation
<input type="checkbox"/> Medical Day Care		
<b>Residential Services (Community Pathways Waiver Only)</b>		
<input type="checkbox"/> Supported Living	<input type="checkbox"/> Shared Living	<input type="checkbox"/> Community Living - Group Home
<input type="checkbox"/> Community Living - Enhanced Supports		

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**Description of Requested Waiver Services (purpose and how it will support goals and address unmet needs):**

**Respectfully Submitted By :**

**Coordinator of Community Services (Printed name):** \_\_\_\_\_

**Coordinator of Community Services (Signature):** \_\_\_\_\_

**Coordinator of Community Services Agency:** \_\_\_\_\_

► Issue Date: **4/11/2024**