



DIVISION OF DEVELOPMENTAL DISABILITIES

**Request for Enrollment in Division of Developmental
Disabilities (DDD) Home and Community Based Services
(HCBS) Waiver or Request to Change From One DDD HCBS
Waiver to Another**

Instructions: If you would like to request enrollment in a DDD HCBS Waiver or if you would like to request to move from one DDD HCBS Waiver to another, you may make a request verbally or in writing. To make a verbal request, contact your regional office by telephone (regional office telephone numbers can be located on the last page of this application form). If you would like to make a written request, please use this form.

Fill out as much of this form as you can or want to. You may add any attachments that you think DDD should have to help DDD decide whether you should be enrolled in a waiver or moved to a new waiver. Once you have filled out the form please either give or mail it to your case manager. (The mailing address and contact information for each regional office can be located on the last page of this application form). DDD 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 DDD's four HCBS waivers, you may go to the DDD internet site below and review the Waiver Plan Fact Sheet and the DDD HCBS Waiver Brochure or you may contact your regional office and request copies of these documents.

<http://www1.dshs.wa.gov/ddd/waivers.shtml>

MY NAME IS			DATE OF BIRTH	
DDD CLIENT NUMBER	NAME OF CASE MANAGER		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	
<input type="checkbox"/> I am currently on the _____ (pick one) Waiver and would like to request enrollment on the _____ (pick one) Waiver instead. Request Date: _____				
<input type="checkbox"/> I am not currently on a waiver and would like to request enrollment in the _____ (pick one) Waiver.				
I want enrollment in a waiver or would like to switch waivers because:				
I need the following additional services: (attach additional pages if necessary)				
I have additional documents to support my application for enrollment in a waiver or to change waivers and have submitted them with this application. <input type="checkbox"/> Yes <input type="checkbox"/> No If you check yes, attach the documents with the application.				
CLIENT SIGNATURE			DATE	

Regional Contact Information

Region 1 Headquarters

<http://www1.dshs.wa.gov/ddd/region1.shtml>

1611 West Indiana Avenue
Spokane, WA 99205-4221
Local: (509) 329-2900
TTY: (509) 568-3038
FAX: (509) 568-3037
Toll Free: 1-800-462-0624
e-mail: DD1FSO@dshs.wa.gov

Region 2 Headquarters

<http://www1.dshs.wa.gov/ddd/region2.shtml>

3700 Fruitvale Blvd., Suite 200
Yakima, WA 98902-1100

PO Box 12500
Yakima, WA 98909-1100
Local: (509) 225-4620
TTY: (509) 454-4321
FAX: (509) 574-5607
Toll Free: 1-800-822-7840
e-mail: DD2FSO@dshs.wa.gov

Region 3 Headquarters

<http://www1.dshs.wa.gov/ddd/region3.shtml>

840 North Broadway, 1st floor
Building A, Suite 100
Everett, WA 98201-1288
Local: (425) 339-4833
TTY: (425) 339-4850
FAX: (425) 339-4856
Toll Free: 1-800-788-2053
e-mail: DD3FSO@dshs.wa.gov

Region 4 Headquarters

<http://www1.dshs.wa.gov/ddd/region4.shtml>

1700 East Cherry Street
Seattle, WA 98122
Local: (206) 568-5700
TTY: (206) 720-3325
FAX: (206) 720-3334
Toll Free: 1-800-314-3296
e-mail: DD4FSO@dshs.wa.gov

Region 5 Headquarters

<http://www1.dshs.wa.gov/ddd/region5.shtml>

1305 Tacoma Avenue South, Suite 300

Tacoma, WA 98402

Local: (253) 404-8500

TTY: (253) 572-7381

FAX: (253) 597-4368

Toll Free: 1-800-248-0949

e-mail: DD5FSO@dshs.wa.gov

Region 6 Headquarters

<http://www1.dshs.wa.gov/ddd/region6.shtml>

Point Plaza East, Bldg. 2, 3rd Floor

6860 Capitol Blvd. SE

PO Box 45315

Olympia WA 98504-5315

Local: (360) 725-4250

TTY: (360) 586-4719

FAX: (360) 586-6502

Toll Free: 1-800-339-8277

e-mail: DD6FSO@dshs.wa.gov