



DIVISION OF DEVELOPMENTAL DISABILITIES
WPAS ACCESS REQUEST CHECKLIST

Client Name:	Allen/Marr Class Member <input type="checkbox"/> Yes <input type="checkbox"/> No	DD #:		
Requesting Person from WPAS:		Request Date:		
Responding DDD Staff:		Date information provided by DDD:		
		YES	NO	NA
1. Written request from WPAS attached, or Oral request from WPAS for the following information:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When records are requested, a consent form from consumer or legal representative is attached.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "Probable Cause" declared by WPAS (no client consent or explanation of probable cause is required).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Request for client records: <ul style="list-style-type: none"> • To review original records in the DDD office. • To obtain copies of "necessary" records. Timelines for providing client records: <ul style="list-style-type: none"> • WPAS request to review records scheduled within two working days. • Client records made available within five working days • Copies of client records provided within ten working days at no more than 15 cents per page. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Request for client information: Name, address, phone number of legal representatives provided to WPAS by 5 pm of the next business day following request.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>