Living at Home Waiver Program

Providing community services and supports to enable people with physical disabilities to live in their own home.

Provider Application Request Form

Please provide the following information:

First Name _____ MI _____ Last Name _____

Name of Agency (if applicable) _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Select all Service(s) of Interest

- ☐ Attendant Care
- ☐ Assistive Technology
- ☐ Consumer Training
- ☐ Family Training
- ☐ Environmental Accessibility Response Adaptations
- ☐ Personal Emergency System

Comments

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Please fax your request to 410-333-6547.
The application will be mailed to address listed above.