## **ORDER LIST**

## Home and Community Based Services Assisted Living Facility (ALF) and Long Term Care (LTC) Waiver Forms Enter Quantity for each requested item

WAIVER FORMS		SELF-DIRECTED OPTION		ADDITIONAL FORMS		Public Health Nursing FORMS		
Quantity	Form Name	Quantity	Form Name	Quantity	Form Name	Quantity	Form Name	
	Form# ALF/LTC-1		Form# SDC-1		ALF/LTC Waivers Fact Sheet		Service Care Plan	
	Participant Choice of Service		Determination of Capability					
	Form# ALF/LTC-3		Form # SDC-2		Long Term Care Waiver –		Notice of Denial	
	Participant Rights and Responsibilities		Self-Directed Option Agreement		Agency Option Fact Sheet (English)			
	Form# ALF/LTC-6		Form # SDC -3		Long Term Care Waiver –		LT101 Brochure	
	Provider Duties Sheet		Participant Profile		Self-Directed Option Fact Sheet (English))			
	Form# ALF/LTC-7		Form # SDC-5		Assisted Living Facility			
	Case Manager/Care Coordinator Monthly Evaluation		Request for Review of Authorized Representative Status		Waiver Fact Sheet (English)			
	Form# ALF/LTC-10		Form # SDC -6		Adult Protective Services Packet (English)			
	Notice of Termination of Waiver Service Letter		Authorized Representative Review					
	Form # ALF/LTC 11							
	Change of Case Management/Care Coordinator Agency							
FAX Order		Or MAIL Order TO: ALF/LTC Waiver Program 6101 Yellowstone Suite 210 Cheyenne, WY 82002		Requested By: Agency: Shipping Address:				
TO: ALF/LTC								
Waiver Program				City and	City and Zip code: Phone Number:			
307-777-8685				Phone N				