



# NOTIFICATION OF HOME AND COMMUNITY BASED SERVICES (HCBS) SCREENING

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 1011 (9-2024)

This form will be completed by the Developmental Disabilities Program Manager (DDPM) to provide notification to the Human Service Zone that a client under the age of 18 may be screened\* for waiver HCBS. This notice will be submitted with the Health Care Application to apply for Medicaid and sent to the Human Service Zone Office.

Date	Receiving Human Service Zone Office	
Client Name		Date of Birth
Parent Name(s)		Human Service Center Name
HCBS Screening Start Date		Requested Medicaid Start Date
DDPM Name		
DDPM Email Address		DDPM Telephone Number

\* HCBS waiver screening is based on eligibility for Intellectual Disabilities-Developmental Disabilities Program Management Services determined by the regional Human Service Center and eligibility for Medicaid determined by the Human Service Zone Office.