



Division of Developmental Disabilities Services

P.O. Box 1437, Slot N502 · Little Rock, AR 72203-1437
501-683-0571 · Fax: 501-682-8687 · TDD: 501-682-1332



APPLICANT

Re: Application for ACS Home and Community Based Waiver (DDS Waiver)

Dear ,

In an effort to maintain the most current information so that we may contact you promptly, we are conducting again to individuals and guardians of individuals who are currently on the DDS Waiver Services wait list. Please provide information below to include on your profile.

Individuals will not be removed from the waiting list if they fail to respond. Instead, we will make several attempts to locate the individual before placing them on an inactive list. If and when we are contacted, the individual will be placed back on the active list in the same order he or she was previously.

To help us update our records we ask that you mark your choice and complete the form below. Please return it to DDS in the self-addressed stamped envelope that is provided **no later than** so that we may contact you. **NOTE:** If you mark "No, Please Remove" on this form you will be **removed** from the DDS Waiver wait list and will not be placed on the inactive list. Selecting that choice is the only way to be completely removed.

We appreciate your help with this updating process. As always, please contact Waiver Application Unit at 501 682 8159, 501 682 1334, or 501 683 0571, if there are any questions or concerns.

Sincerely,

Merinesa Morris
DHS Program Manager

Yes, please keep me on the active list.
list.

No, please remove me from the

Signature (Individual or Legal Representative)

Primary Phone Number

Physical Address (where you live)

Alternate Phone Number

Mailing Address (if different from above)