Vermont Department of Disabilities, Aging and Independent Living

06/08/20

CHOICES FOR CARE

Moderate Group Wait List

Report Due by the 15th of the following month.

TOTAL # OF INDIVIDUALS ON WAIT LIST ______

TOTAL # OF INDIVIDUALS ON MEDICAID _____

Provider Name:

Reporting Month/Year

(includes all people waiting as of the last day of reporting month)

Name of	Date of	Reason not able to	Date off	Reason off	Community	
Applicant	Application	serve (e.g., funding, capacity)	wait list	wait list	Medicaid (Y/N)	Comments
					-	<u> </u>
			_		+	
					1	
					+	
					+	
					1	

Return completed form to Colleen Bedard FAX: (802) 241-0385

Adult Days wait list email to: AHS.DAILASDAdultDays@vermont.gov

Home Health wait list email to: AHS.DAILASDHomeHealthAgencies@vermont.gov