Vermont Department of Disabilities, Aging and Independent Living

02/27/23

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:			TOTAL # OF INDIVIDUALS ON MEDICAID					
Reporting Month/Year			 (includes all people waiting as of the last day of reporting month) 					
Name of Applicant	Date of Application	Reason not able to serve (e.g., funding, capacity)	Date off wait list	Reason off wait list	Community Medicaid (Y/N)			
1								

Poture completed form to Wanda Wright (2) (armont gov OP EAV: (902) 241 0064						

Return completed form to <u>Wanda.Wright@Vermont.gov</u> OR FAX: (802) 241-9064