

Community Services and Programs Commission
New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404



Phone: (785) 296-4986
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

Shawn Sullivan, Secretary
Gina Meier-Hummel, Commissioner

Sam Brownback, Governor

March 5, 2013

Dear Consumer,

You are receiving this letter because you have been identified as an individual who has been waiting for PD services. The Kansas Department for Aging and Disability Services (KDADS) is contacting you to confirm you are still interested in remaining on the waiting list. **If you do not respond in 20 working days of the date of this letter, KDADS will place you in the inactive status waiting list.**

You can submit the self-assessment in the following ways:

- In person, by contacting KDADS directly at 785-368-6246; or
- By faxing it to 785-296-0256; or
- By emailing the self-assessment to HCBS-KS@kdads.ks.gov
- By mail send to Attention: KDADS PD Waiting List

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If you need assistance to complete and submit your self-assessment, please contact a Center for Independent Living:

Coalition for Independence (CFI)	Kansas City	(913) 321-5140 or (866) 201-3829
Independent Connection, Inc.	Salina	(785)-452-9580
Independence Inc.	Lawrence	(785) 841-0333
Independent Living Resource Center	Wichita	(316) 942-6300 or (800) 479-6861
LINK	Hays	(785) 625-6942 or (800) 569-5926
Prairie Independent Living Resource	Hutchinson	(620) 663-3989 or (888) 715-6818
Resource Center for Independent Living	Osage City	(785) 528-3105 or (800) 580-7245
Southeast KS Independent Living	Parsons	(620) 421-5502 or (800) 688-5616
The Whole Person	Kansas City	(816) 561-0304 or (800)-878-3037
Three Rivers	Wamego	(785) 456-9915 or (800) 555-3994
TILRC	Topeka	(785) 233-4572 or (800) 443-2207

If we have not heard from you by June 30, 2014, we will assume you are no longer interested in HCBS services and your name will be removed from the waiting list.

Sincerely,

A handwritten signature in black ink that reads "Aquila Jordan".

Aquila Jordan, Director
Home & Community Based Programs
Community Services & Programs Commission
Kansas Department for Aging and Disability Services



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PHYSICAL DISABILITY – WAIT LIST VERIFICATION FORM

The following information is needed to confirm that you are still interested in receiving Home and Community Based Services through the Physical Disability Program.

Person Completing Form: Consumer Friend Guardian/DPOA: _____
First & Last Name

Name: _____ DOB: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Cell: _____ Email: _____

I am currently receiving Medicaid or KanCare I applied for Medicaid or KanCare _____

Medicaid ID# _____ KanCare Health Plan: Amerigroup Sunflower United Health Care

I am currently receiving Social Security Disability benefits. I applied for Social Security Disability benefits on _____ I have a presumptive disability determination from the State.

Self-Assessment

I am at least 16 - 64 years old

I have a **physical disability**.

If **YES**, disability? _____ Date: _____

I have been diagnosed with a severe and persistent mental illness or severe emotional disturbance

If **YES**, diagnosis? _____ Date: _____

If **YES**, have you been to a County Mental Health Center or Doctor? Yes, on _____ No

I have been diagnosed with a developmental disability

If **YES**, diagnosis? _____ Date: _____

If **YES**, have you been to a Community Developmental Disability Organization? Yes, on _____ No

I am unable to perform my daily living activities and need assistance with activities such as bathing, dressing, mobility, getting out of bed, making meals, transportation

I am interested in remaining on the Physical Disability Wait List

I attest that the above information is true and accurate to the best of my ability. _____
Signature

Date: _____