

OPWDD Waiver Services/Respite

Summer Fun Program Individuals who have OPWDD waiver eligibility must complete questions 1-6 below and submit the following documents along with completed application packet.

Individual's Name:

Date of Birth: _____

1. Care Manager Name: _____

2. Care Manager Telephone: _____

3. Care Manager Email: _____

4. Care Manager Agency: _____

5. Enrolled in Medicaid: Yes ___ No ___

6. Medicaid Number (or N/A): _____

Please submit the following with your application.

Current Life-plan

Notice of Decision

Service Authorization

Level of Care Eligibility Determination (LCED)