

County Board Emergency Waiver Capacity Request Form

In order to request an increase in waiver capacity, because of an emergency situation for an individual, please complete this form in its entirety.

ODMRDD will act only upon requests authorized by a County Board Superintendent or a COG Director acting on behalf of a County Board of MRDD.

Date of Request (DD/MM/YYYY): ___ / ___ / ___

Emergency Waiver Type (check one)

Individual Options (IO)

Level One (LI)

Applicant Information

Last Name:

First Name:

Social Security Number (if known)

Medicaid Billing Number (if known)

I affirm that the above individual meets the criteria for an emergency. The emergency is a situation that creates for an individual with mental retardation or developmental disabilities a risk of substantial self-harm or substantial harm to others if action is not taken within thirty days. This emergency may include one or more of the following situations:

- Loss of present residence for any reason, including legal action;
- Loss of present caretaker for any reason, including serious illness of the caretaker, change in the caretaker's status, or inability of the caretaker to perform effectively for the individual;
- Abuse, neglect, or exploitation of the individual
- Health and safety conditions that pose a serious risk to the individual or others of immediate harm or death;
- Change in the emotional or physical condition of the individual that necessitates substantial accommodation that cannot be reasonably provided by the individual's existing caretaker.

Please refer to statute regarding "emergencies", Ohio Revised Code (ORC) 5126.042 (A)(1) to (A)(5).

County Name (required)

Superintendent/COG Director Name (required)

Email address of Superintendent/COG Director making request (required)

Both of the following boxes must be checked:

I understand that by submission of this Emergency Request Form the County Board increases its obligation for additional waiver capacity above the current allocation made to individuals residing in this county for this waiver type.

I understand that responsibility for the local match to serve this individual is the obligation of the requesting County Board of MR/DD upon enrollment of the individual.

SUBMIT THIS REQUEST FORM TO: waivercapacity-support@odmrdd.state.oh.us

Or Fax at: (614)644-0501