

Ohio Department of Mental Retardation and Developmental Disabilities

Division of Community Services Provider Certification

LEVEL I WAIVER APPLICATION

INFORMAL RESPITE

LIMITED PROVIDER

Please review the information provided with this application packet and follow the instructions to ensure that all appropriate documentation is included. Failure to submit required documentation and/or properly complete this application will result in a delay of processing the application.

DEFINITION OF INFORMAL RESPITE

“Informal respite” means services provided by a limited provider to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Informal respite may be provided in the individual’s home or place of residence, home of a friend or family member or sites of community activities. For purposes of this rule, “family member” means parent(s), brother(s), sister(s), spouse, son(s), daughter(s), grandparent(s), aunt(s), uncles(s), cousin(s), or guardian of the individual who has mental retardation or developmental disabilities. “Family member” also means person(s) acting in a role similar to those specified in this paragraph even though no legal or blood relationship exists if the individual who has mental retardation or developmental disabilities lives with the person(s) and is dependent on him/her to the extent that if supports were withdrawn another living arrangement would have to be found. The person(s) shall verify the relationship by signature.

“Limited provider” means a person who is known to the individual, is selected by the individual or the individual’s guardian and provides informal respite only to the individual or to multiple individuals who live in the same family setting.

NAME	
ADDRESS	
CITY/STATE/ZIP	
COUNTY	
SOCIAL SECURITY NUMBER	
AREA CODE & TELEPHONE NUMBER	

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THE APPLICATION:

- 1) Applicant must be at least 18 years of age (provide proof of age - copy of one of the following: birth certificate, driver license, State ID card, passport).
- 2) Completion of a Ohio Health Plan Enrollment Application/Agreement –ODJFS 6750 (attached).
- 3) A completed Electronic Media Notification Form – ODJFS 6301 Form (attached).
- 4) A completed W-9 Taxpayer Identification form (attached).

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- 5) Written evidence of a background investigation completed in accordance with section 5126.281 of the Revised Code and rule 5123:2-1-05.1 of the Administrative Code.

The applicant must also provide the following written assurances as a certified provider of informal respite:

- 1) The limited provider shall implement informal respite services in accordance with the ISP and shall notify the individual or family member if he/she is not able to provide informal respite services.
- 2) The applicant understands the reporting requirements in rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety and that the applicant will take all reasonable steps necessary to prevent the occurrence or reoccurrence of incidents adversely affecting health and safety including, but not limited to, notification of the service and support administrator (SSA), family, or legally responsible person as applicable.
- 3) The limited provider will adhere to continuing certification requirements as outlined in OAC 5123:2-8-03.

Signature indicates understanding and compliance with these assurances as part of participation in the Level I Waiver.

Signature of Applicant

Date

This application must be signed in the presence of and notarized by a notary public.

I hereby swear and/or affirm that the answers I have given and the statements I have made in this application are complete and true to the best of my knowledge and belief.

Signature of Applicant

Subscribed and duly sworn to before me according to law by the above-named applicant, this

____ day of _____, 2____ at County of _____, State of

_____.

Notary Stamp or Seal

Signature of Notary Public

RETURN COMPLETED APPLICATION WITH ANY SUPPORTING DOCUMENTATION TO:

**OHIO DEPARTMENT OF MRDD
PROVIDER CERTIFICATION UNIT
30 E. BROAD STREET, 12TH FLOOR
COLUMBUS, OHIO 43215-2541**