



## Technology/Remote Delivery of HCBS Waiver Supports

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Indicate all the staff supports you have included in your Self-Direction Budget:

- |  |   |
|--|---|
| <input type="checkbox"/> Community Habilitation Staff      | <input type="checkbox"/> Respite Staff              |
| <input type="checkbox"/> Supported Employment (SEMP) Staff | <input type="checkbox"/> Start-up/Support Brokerage |

### Indicate the staff supports that you intend to receive via remote technology (telehealth):

- |  |   |
|--|---|
| <input type="checkbox"/> Community Habilitation Staff      | <input type="checkbox"/> Respite Staff              |
| <input type="checkbox"/> Supported Employment (SEMP) Staff | <input type="checkbox"/> Start-up/Support Brokerage |

### How will remote supports assist you with your Self-Direction Budget?

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### What supports will continue to be delivered in-person?

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### Projected Weekly Schedule for In-person Supports

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Number of Hours							

- ☐ Yes ☐ No      Through the person-centered planning process I chose to have the above indicated supports delivered via remote technology.

### Other pertinent information to be considered:

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Person/Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*The AIM Telehealth form and the OPWDD Remote Service Delivery Form should be completed every 6 months to assure the remote supports delivered remain effective and desired.