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# Technology/Remote Delivery of HCBS Waiver Supports

Name: _____ Date: _____

**Indicate all the supports you have included in your Self-Direction Budget and how the service is intended to be received:**

☐ Community Habilitation Staff*
- ☐ Remote ☐ In Person

☐ Respite Staff
- ☐ Remote ☐ In Person

☐ Supported Employment (SEMP) Staff
- ☐ Remote ☐ In Person

☐ Start-up/Support Brokerage
- ☐ Remote ☐ In Person

☐ Individual Directed Goods & Services (IDGS) Supports (Classes, Membership, etc)
- ☐ Remote ☐ In Person

**At least one service must be received in person to support the opportunity for community involvement*

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

_____
_____
_____

☐ 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:**

_____
_____
_____

*****If utilizing Telehealth for Community Habilitation supports, timecards must be approved by participant/representative in order for staff to be paid for that time.

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.