



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
HOME AND COMMUNITY BASED SERVICES (HCBS)

**Request for Enrollment in DDA HCBS Waiver  
or Request to Change from One DDA HCBS Waiver to Another**

**Instructions:** If you would like to request enrollment in a DDA HCBS Waiver or if you would like to request to move from one DDA HCBS Waiver to another, you may make a request verbally or in writing. To make a verbal request, contact your regional office by telephone (regional office telephone numbers can be located on the last page of this application form). If you would like to make a written request, please use this form.

Fill out as much of this form as you can or want to. You may add any attachments that you think DDA should have to help DDA decide whether you should be enrolled in a waiver or moved to a new waiver. Once you have filled out the form please either give or mail it to your case manager. (The mailing address and contact information for each regional office can be located on the last page of this application form). DDA will respond to your request in writing. If you need help filling out this form, you can ask your case manager to help you or you can call the Disability Rights Washington at (800) 562-2702 or (800) 905-0209 (TTY) or (206) 324-1521 or (206) 957-0728 (TTY).

If you would like to have more information about the services available on DDA's four HCBS waivers, you may go to the DDA internet site below and review the [Waiver Plan Fact Sheet](#) and the [DDA HCBS Waiver Brochure](#) or you may contact your regional office and request copies of these documents.

<https://www.dshs.wa.gov/dda/consumers-and-families/home-and-community-based-waivers-hcbs>

MY NAME IS			DATE OF BIRTH	
DDA CLIENT NUMBER	NAME OF CASE MANAGER		TELEPHONE NUMBER	
MY ADDRESS IS	CITY	STATE	ZIP CODE	
NAME OF GUARDIAN / LEGAL REPRESENTATIVE			TELEPHONE NUMBER	
ADDRESS OF GUARDIAN / LEGAL REPRESENTATIVE	CITY	STATE	ZIP CODE	
<input type="checkbox"/> I am currently on the <b>(pick one)</b> Waiver and would like to request enrollment on the <b>(pick one)</b> Waiver instead. <b>Request Date:</b>				
<input type="checkbox"/> I am not currently on a waiver and would like to request enrollment in the <b>(pick one)</b> Waiver.				
I want enrollment in a waiver or would like to switch waivers because:				
I need the following additional services: (attach additional pages if necessary)				
I have additional documents to support my application for enrollment in a waiver or to change waivers and have submitted them with this application. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If you check yes, attach the documents with the application.</b>				
CLIENT SIGNATURE			DATE	

## Regional Contact Information

<https://www.dshs.wa.gov/DDA/dda/find-an-office#>

### **Region 1 Headquarters North**

1611 West Indiana Avenue  
Spokane, WA 99205-4221  
Local: (509) 329-2900  
TTY: (509) 568-3038  
FAX: (509) 568-3037  
Toll Free: 1-800-462-0624  
e-mail: [DD1FSO@dshs.wa.gov](mailto:DD1FSO@dshs.wa.gov)

### **Region 1 Headquarters South**

3700 Fruitvale Blvd., Suite 200  
Yakima, WA 98902-1100  
PO Box 12500  
Yakima, WA 98909-1100  
Local: (509) 225-4620  
TTY: (509) 454-4321  
FAX: (509) 574-5607  
Toll Free: 1-800-822-7840  
e-mail: [DD1FSO@dshs.wa.gov](mailto:DD1FSO@dshs.wa.gov)

### **Region 2 Headquarters North**

840 North Broadway, 1<sup>st</sup> floor  
Building A, Suite 100  
Everett, WA 98201-1288  
Local: (425) 339-4833  
TTY: (425) 339-4850  
FAX: (425) 339-4856  
Toll Free: 1-800-788-2053  
e-mail: [DD2FSO@dshs.wa.gov](mailto:DD2FSO@dshs.wa.gov)

### **Region 2 Headquarters South**

1700 East Cherry Street  
Seattle, WA 98122  
Local: (206) 568-5700  
TTY: (206) 720-3325  
FAX: (206) 720-3334  
Toll Free: 1-800-314-3296  
e-mail: [DD2FSO@dshs.wa.gov](mailto:DD2FSO@dshs.wa.gov)

### **Region 3 Headquarters North**

1305 Tacoma Avenue South, Suite 300  
Tacoma, WA 98402  
Local: (253) 404-5500  
TTY: (253) 572-7381  
FAX: (253) 597-4368  
Toll Free: 1-800-248-0949  
e-mail: [DD3FSO@dshs.wa.gov](mailto:DD3FSO@dshs.wa.gov)

### **Region 3 Headquarters South**

Point Plaza East, Bldg. 2, 3<sup>rd</sup> Floor  
6860 Capitol Blvd. SE  
PO Box 45315  
Olympia WA 98504-5315  
Local: (360) 725-4250  
TTY: (360) 586-4719  
FAX: (360) 586-6502  
Toll Free: 1-800-339-8277  
e-mail: [DD3FSO@dshs.wa.gov](mailto:DD3FSO@dshs.wa.gov)