

**WAIVER SERVICES CONTACT LIST
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER
TRAUMATIC BRAIN INJURY (TBI)**

NOTE: A current copy of this document must be readily available in the participant's home.

In case of fire or emergency call 911

Participant _____ Date _____
Protective Oversight Contact _____ Phone _____

Service Coordinator

Name _____ Telephone _____
Supervisor _____ Telephone _____
Agency _____ Hours of Operation _____:_____ AM to _____:_____ PM
Days of Operation (circle days) Mon Tues Wed Thurs Fri Sat Sun

Regional Resource Development Specialist (RRDS)

Name _____ Telephone _____
Supervisor _____ Telephone _____
Agency _____ Hours of Operation _____:_____ AM to _____:_____ M
Days of Operation (circle days) Mon Tues Wed Thurs Fri Sat Sun

Complaint Line 1-800-228-8201

Hours of Operation _____:_____ AM to _____:_____ PM
Days of Operation (circle days) Mon Tues Wed Thurs Fri Sat Sun

WAIVER CONTACT LIST (cont'd)

Service _____

Name _____ Telephone _____

Supervisor _____ Telephone _____

Agency _____ Hours of Operation ____:____ AM to ____:____M

Days of Operation (circle days) Mon Tues Wed Thurs Fri Sat Sun

Service _____

Name _____ Telephone _____

Supervisor _____ Telephone _____

Agency _____ Hours of Operation ____:____ AM to ____:____M

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Service _____

Name _____ Telephone _____

Supervisor _____ Telephone _____

Agency _____ Hours of Operation ____:____ AM to ____:____M

Days of Operation (circle days) Mon Tues Wed Thurs Fri Sat Sun

Make more sheets if necessary