

## A to Z of DSD forms

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [H](#) | [I](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [R](#) | [S](#) | [V](#) | [W](#)

**Note:** For information about forms required for long-term services and supports (LTSS), see [CBSM – Forms for LTSS assessment, eligibility and support planning](#).

### A

[AC, BI, CADI and EW Case Mix Classification Worksheet DHS-3428B \(PDF\)](#)

[Additional Square Footage Approval Request DHS-5887 \(PDF\)](#)

[Annual Review of Ward under Public Guardianship, DHS-5836](#)

[Appeal to State Agency DHS-0033 \(PDF\)](#)

[DSD Application for Emergency Disaster Assistance, DHS-6566 \(PDF\)](#)

[Application for Disability Services Innovative Grants, DHS-3802A \(PDF\)](#) and [sample contract \(PDF\)](#)

[Authorization Request for Mobility Devices DHS-4315 \(PDF\)](#)

[Back to top](#)

### B

[Behavior Intervention Reporting Form, DHS-5148](#) and [instructions \(PDF\)](#)

[BI Waiver Assessment and Eligibility Determination DHS-3471 \(PDF\)](#)

[BI Waiver Assessment and Eligibility Determination Instructions/worksheet DHS-3471A \(PDF\)](#)

[BI Waiver Assessment and Eligibility Determination Checklist DHS-3471B \(PDF\)](#)

[Back to top](#)

### C

[Caregiver Living Expenses Worksheet DHS-4929 \(PDF\)](#)

[Case Manager's Guide to Determining ICF/DD Level of Care for ICF/DD and DD Waiver Services DHS-4147A \(PDF\)](#)

[CDCS Alternative Treatment Form for MHCP-Enrolled Physicians DHS-5788 \(PDF\)](#)

[CDCS Community Support Plan Addendum with Provider Rate Increase, DHS-6633A \(PDF\)](#)

[Civil Rights Complaint Form: Discrimination in Service Delivery DHS-2807 \(PDF\)](#)

[CAC Application/Reassessment Support Plan DHS-3614 \(PDF\)](#)

[CAC Application/Reassessment Support Plan Instructions DHS-3614-A \(PDF\)](#)

[Community Support Plan DHS-4166 \(PDF\)](#)

[County of Financial Responsibility Transfer for FSG DHS-4007 \(PDF\)](#)

[County Parental Fee Referral to DHS DHS-2982 \(PDF\)](#)

[Customized Living Size-Limit Exception Request Form, DHS-7759B](#)

[Back to top](#)

### D

[Day Training and Habilitation \(DT&H\) Services Determination of Need Application for Expansion, DHS-4960A \(PDF\)](#)

[Day Training and Habilitation \(DT&H\) Services Determination of Need Application for Proprietary Changes, Reductions and Closures, DHS-4960B \(PDF\)](#)

[Day Training and Habilitation Service Agreement DHS-2638 \(PDF\)](#)

[DD Waiver Extended Safety Net Funding \(Court Committed\) DHS-5587B \(PDF\)](#)

[DD Waiver Safety Net Funding Request \(Court committed\) DHS-5587A \(PDF\)](#)

[DD Waiver Waiting List Category Determination Tool, DHS-7209 \(PDF\)](#)

[Developmental Disability \(DD\) Screening Document DHS-3067 \(PDF\)](#)

[Disability Waiver Rates System Exception Request, DHS-5820](#) and [instructions \(PDF\)](#)

[DSD Contact Form, DHS-8168](#)

[DWRS Rates Mentor Inquiry Form, DHS-7012](#)

[Back to top](#)

### E

[EIDBI Advisory Group Agenda Submission Form, DHS-3807 \(PDF\)](#)

[EIDBI Authorization Request, DHS-3806 \(PDF\)](#) and [instructions \(PDF\)](#)

[Evaluative Report: Level II Preadmission Screening for Persons with Developmental Disabilities or Related Conditions DHS-4248 \(PDF\)](#)

[Exception to CDCS Budget Methodology, DHS-6633 \(PDF\)](#)

[Exception Request for Environmental Accessibility Adaptations that Exceed \\$40,000 \(CAC, CADI, BI and DD waivers\), DHS-5504B \(PDF\)](#)

[Exception Request Checklist for Environmental Accessibility Adaptations that Exceed \\$40,000 \(CAC, CADI, BI and DD waivers\), DHS-5504C \(PDF\)](#)

[Back to top](#)

### H

[HCBS Provider Attestation, DHS-7176](#)

[HCBS Rights Modification Support Plan Attachment, DHS-7176H \(PDF\)](#)

[HCBS Waiver/AC Programs Lead Agency Provider Enrollment Request Form DHS-6383 \(PDF\)](#)

[Home Care Nursing \(HCN\) Hardship Waiver Application DHS-4109 \(PDF\)](#)

[Home Care Nursing Service Decision Tree DHS-4071C \(PDF\)](#)  
[Host County Notification of Residential Placement Form, DHS-7418 \(PDF\)](#)

[Back to top](#)

I

[ICF/DD Local System Needs Plan Amendment, DHS-4677C \(PDF\)](#)  
[Information and Signature Sheet for PAS\EW\AC\CAC\CADI\TBI DHS-2727 \(PDF\)](#)  
[Instructions for Case Managers Guide to Determining ICF/DD Level of Care for ICF/DD and DD Waiver Services DHS-4147B \(PDF\)](#)  
[Instructions for Completing and Entering the LTC Screening Document and Service Agreement into MMIS DHS-4625 \(PDF\)](#)  
[Instructions for Completing and Entering the LTCC Screening Document into MMIS for the MSHO and MSC+ Programs DHS-4669 \(PDF\)](#)  
[Instructions for Completing and Entering the LTCC Screening Document into MMIS for SNBC DHS-5020A \(PDF\)](#)  
[Inter Agency Case Transfer Form DHS-3195 \(PDF\)](#)

[Back to top](#)

L

[Long Term Care Consultation Services Assessment Form DHS-3428 \(PDF\)](#)  
[Long Term Care Consultation Services Assessment Form - SW Section DHS-3428A \(PDF\)](#)  
[Long Term Care Consultation Services Form: Supplemental Form for Assessment of Children under 18 DHS-3428C \(PDF\)](#)  
[LTC Screening Document - AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, SNBC DHS-3427 \(PDF\)](#)  
[LTC Screening Document - Telephone Screening DHS-3427T \(PDF\)](#)

[Back to top](#)

M

[MA Home Care Technical Change Request DHS-4074 \(PDF\)](#)  
[MA Home Care Nursing Assessment DHS-4071A \(PDF\)](#)  
[MA Home Care Nursing Assessment Instructions DHS-4071B \(PDF\)](#)  
[Maltreatment of Minors and Licensing Violations Report Form DHS-4293 \(PDF\)](#)  
[Managed Care Organization/County/Tribal Agency Communication Form - Authorization of Home Care Services - DHS-5841 \(PDF\)](#)  
[Medical Assistance for Employed Persons with Disabilities \(MA-EPD\) Initial Premium Notice DHS-3547 \(PDF\)](#)  
[Medical Assistance Parental Fee Form DHS-2981 \(PDF\)](#)  
[Minnesota Health Care Programs Hospice Transaction Form DHS-2868 \(PDF\)](#)  
[Minnesota Health Care Programs Provider Enrollment Application and Instructions - DHS-4016 \(PDF\)](#)  
[MinnesotaHelp.info@ instructional guide DHS-6933 \(PDF\)](#)  
[MHCP Organization - Provider Enrollment Application DHS-4016A \(PDF\)](#)  
[MnCHOICES Case Manager's Recipient Information Form, DHS-7185](#)  
[MnCHOICES Community Support Plan Worksheet DHS-6791A \(PDF\)](#)  
[MnCHOICES Community Support Plan with the Coordinated Services and Supports Plan DHS-6791B \(PDF\) and Instructions, DHS-6791B \(PDF\)](#)  
[MnCHOICES Coordinated Services and Supports Plan Signature Sheet DHS-6791D \(PDF\)](#)  
[MnCHOICES Help Desk Contact Form, DHS-6979](#)  
[MnCHOICES Reassessment Communication Form, DHS-6791E \(PDF\) and instructions, 6791F \(PDF\)](#)  
[Monitoring Technology Approval Request Process forms, DHS-6789 \(PDF\)](#)  
[Moving Home Minnesota Communications Form DHS-6759H \(PDF\)](#)  
[Moving Home Minnesota Informed Consent Form DHS-6759I \(PDF\)](#)  
[Moving Home Minnesota Housing Transitions Worksheet DHS-6759G \(PDF\)](#)

[Back to top](#)

N

[Notice of Action Home and Community Based Waiver Services DHS-2828 \(PDF\)](#)  
[Nursing Facility Level of Care Preadmission Screening and Community Assessment Instructions DHS-3361 \(PDF\)](#)

[Back to top](#)

O

[Olmstead Employment Practice Review Panel Story Template, DHS-7279 \(PDF\)](#)

[Back to top](#)

P

[PCA Request Fax Form, DHS-4292 \(PDF\)](#)  
[Pre-Admission Screening and Assessment \(PAS\) Program Level 1: Screening for Mental Illness or Developmental Disabilities DHS-3426 \(PDF\)](#)  
[Positive Supports Functional Behavior Assessment Quality Checklist, DHS-6810F \(PDF\)](#)  
[Positive Support Transition Plan, DHS-6810 \(PDF\) and instructions, DHS-6810B \(PDF\)](#)  
[Positive Support Transition Plan Review, DHS-6810A \(PDF\)](#)  
[Positive Support Transition Plan Quality Checklist, DHS-6810G \(PDF\)](#)

[Back to top](#)

## **R**

[Rates Management System \(RMS\) Worksheets, DHS-6790 \(PDF\)](#)

[Related Conditions Checklist, DHS-3848 \(PDF\)](#)

[Related Conditions Checklist - Instructions, DHS-3848A \(PDF\)](#)

[Remote Support Exception Form, DHS-7759A](#)

[Request for the Authorization of the Emergency Use of Procedures, DHS-6810D \(PDF\)](#)

[Request for Medicaid Administrative Reimbursement or Reimbursement for Alternative Care form, DHS-5504 \(PDF\)](#)

[Request for Payment of Long-Term Care Services DHS-3543 \(PDF\)](#)

[Request to develop new Corporate Foster Care and Community Residential Settings, DHS-6021 \(PDF\)](#)

[Back to top](#)

## **S**

[Safety Checklist for Out-of-Home Respite Services in an Unlicensed Setting, DHS-7759E \(PDF\)](#)

[Service Agreement DHS-3070 \(PDF\) and instructions](#)

[Setting Capacity Report, DHS-8062](#)

[State Agency Appeals Summary DHS-0035 \(PDF\)](#)

[Back to top](#)

## **V**

[Variance Request Form DHS-3141 \(PDF\)](#)

[Voluntary Closure Application: Corporate Adult Foster Care Planned Closure DHS-6021B \(PDF\)](#)

[Back to top](#)

## **W**

[Waiver and Alternative Care \(AC\) Programs - Provider Enrollment Application DHS-4015 \(PDF\)](#)

[Back to top](#)

## **Additional resources**

[CBSM – Forms by number](#)

[CBSM –Forms](#)