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Note: For information about forms required for long-term services and supports (LTSS), refer to [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 Checklist, DHS-5887 \(PDF\)](#)

[Affected Participant Consent for the Use of Monitoring Technology, DHS-6789C \(PDF\)](#)

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

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

[DSD Application for Emergency Disaster Assistance \(PDF\)](#)

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

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B

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

[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 \(PDF\)](#)

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[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 \(PDF\)](#)

[Completing the Case Managers Guide to Determining ICF/DD Level of Care for ICF/DD and DD Waiver Services DHS-4147B \(PDF\)](#)

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

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

[CFSS/PCA Request Form, DHS-4292](#)

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

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

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

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

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[Day Services Determination of Need Application to Expand, DHS-4960A \(PDF\)](#)

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

[DD Screening Document, DHS-3067](#)

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

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

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

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

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

[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 \(PDF\)](#)

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

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

[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 \(PDF\)](#)

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[ICF/DD Local System Needs Plan Amendment, DHS-4677C \(PDF\)](#)

[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 \(PDF\)](#)

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[Lead Agency Assurance Statement: HCBS Provider Review and Approval, DHS-6383 \(PDF\)](#)

[LTC Screening Document - AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO, SNBC DHS-3427 \(PDF\)](#)

[LTC Screening Document - Telephone Screening DHS-3427T \(PDF\)](#)

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[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 – Recommendation for State Plan Home Care Services, DHS-5841](#)

[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, DHS-4016](#)

[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 and Instructions, DHS-6791B \(PDF\)](#)

[MnCHOICES Help Desk Contact Form, DHS-6979](#)

[MnCHOICES Reassessment Communication Form, DHS-6791E and Instructions, DHS-6791F \(PDF\)](#)

[Monitoring Technology Approval Request, DHS-6789A](#)

[Moving Home Minnesota Communication Form, DHS-6759H](#)

[Moving Home Minnesota Informed Consent, DHS-6759I \(PDF\)](#)

[Moving Home Minnesota Housing Transitions Worksheet, DHS-6759G](#)

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[Notice of Action \(Assessments and Reassessments\), DHS-2828A](#)

[Notice of Action \(Support Plan\), DHS-2828B](#)

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[OBRA Level I Criteria Screening for Developmental Disabilities or Mental Illness, DHS-3426](#)

[OBRA Level II Evaluative Report, DHS-4248](#)

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[Participant Consent for the Use of Monitoring Technology, DHS-6789B \(PDF\)](#)

[Positive Supports Functional Behavior Assessment Quality Checklist, DHS-6810F](#)

[Positive Support Transition Plan, DHS-6810 and Instructions, DHS-6810B \(PDF\)](#)

[Positive Support Transition Plan Review, DHS-6810A](#)

[Positive Support Transition Plan Quality Checklist, DHS-6810G \(PDF\)](#)

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[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](#)

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

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

[Request to Close or Develop New Corporate Foster Care and Community Residential Settings, DHS-6021](#)

[RMS Worksheet for Community Residential Services or Family Residential Services, DHS-6790C \(PDF\)](#)

[RMS Worksheet for Customized Living and 24-Hour Customized Living, DHS-6790G](#)

[RMS Worksheet for Day and Employment Services, DHS-6790M](#)

[RMS Worksheet for Integrated Community Supports, DHS-6790O \(PDF\)](#)

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

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

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

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

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

[Voluntary Closure Application: Corporate Adult Foster Care/Community Residential Setting Planned Closure, DHS-6021B](#)

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

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