

## Forms by number

Frequently used forms listed by DHS form number.

To access all DHS forms, go to the [DHS eDocs site](#).

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

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

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

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

DHS-2828 [Notice of Action HCBS Waiver and AC \(PDF\)](#)

DHS-2868 [MHCP Hospice Transaction Form \(PDF\)](#)

DHS-2981 [Medical Assistance \(MA\) Parental Fee Form \(PDF\)](#)

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

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

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

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

DHS-3195 [Inter Agency Case Transfer Form \(PDF\)](#)

DHS-3244P [Referral for PCA Services \(PDF\)](#)

DHS-3361 [NF LOC PAS Screening and Community Assessment Instructions \(PDF\)](#)

DHS-3426 [LTCC OBRA Level I Screening for Developmental Disabilities or Mental Illness \(PDF\)](#)

DHS-3427 [LTC Screening - LTCC, CADI, CAC, AC, MSHO, EW, BI, CSG \(PDF\)](#)

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

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

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

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

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

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

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

DHS-3547 [MA-EPD Initial Premium Notice \(PDF\)](#)

DHS-3754 [Service Agreement and Screening Document \(SASD\) Support Team Portal](#)

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

DHS-3806 [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Authorization Request \(PDF\)](#) and [instructions \(PDF\)](#)

DHS-3806A [Instructions for MHCP: EIDBI Authorization Request form \(PDF\)](#)

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

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

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

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

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

DHS-4016 [MHCP Individual Practitioner Provider Enrollment Application \(PDF\)](#)

DHS-4016A [MHCP Organization - Provider Enrollment Application \(PDF\)](#)

DHS-4022 [MHCP PCPO/PCA Choice Agency Enrollment Application \(PDF\)](#)

DHS-4022A [MHCP Provider Agreement Addendum – PCPO \(PDF\)](#)

DHS-4022B [MHCP Provider Agreement Addendum - PCA Choice Provider \(PDF\)](#)

DHS-4022C [MHCP Qualified Professional \(QP\) Acknowledgement \(PDF\)](#)

DHS-4071A [MA Home Care Nursing Assessment \(PDF\)](#)

DHS-4071B [MA Home Care Nursing Assessment Instructions \(PDF\)](#)

DHS-4071C [Home Care Nursing Service Decision Tree \(PDF\)](#)

DHS-4074 [MHCP MA Home Care Technical Change Request \(PDF\)](#)

DHS-4074A [MHCP Personal Care Assistance \(PCA\) Technical Change Request \(PDF\)](#)

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

DHS-4138 [MHCP Provider Agreement \(PDF\)](#)

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

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

[DHS-4248 OBRA Level II evaluative report for people with developmental disabilities or related conditions \(PDF\)](#)

[DHS-4248A OBRA Level II evaluative report signature sheet \(PDF\)](#)

[DHS-4254 Psychotropic Medication Use Checklist for 245B Licensed Programs \(PDF\)](#)

[DHS-4292 PCA Request Fax Form \(PDF\)](#)

[DHS-4293 Maltreatment of Minors and Licensing Violations Report Form \(PDF\)](#)

[DHS-4298 Informed Consent Form for Psychotropic Medication\(s\) Use \(PDF\)](#)

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

[DHS-4556 Annual Community Support Plan Rule 185 Compliant \(PDF\) \(Disability Waivers\)](#)

[DHS-4625 Instructions for Completing and Entering the LTC Screening Document and SA \(PDF\)](#)

[DHS-4669 Instructions for Completing and Entering the LTCC Screening Document into MMIS for the MSHO and MSC+ Programs \(PDF\)](#)

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

[DHS-4691 PCA Time and Activity Documentation \(PDF\)](#)

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

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

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

[DHS-5020 Instructions for Completing and Entering the LTCC Screening Document for SNBC \(PDF\)](#)

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

[DHS-5150 LTCC cost report for face-to-face assessments of persons under 65 years \(PDF\)](#)

[DHS-5259 MHCP Disclosure of Ownership and Control Interest of an Entity \(PDF\)](#)

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

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

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

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

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

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

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

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

[DHS-5887 Disability Services Division Additional Square Footage Checklist \(PDF\)](#)

[DHS-5841 MCO/County/Tribal Agency Communication Form - Recommendation for State Plan Home Care Services](#)

[DHS-5856 MHCP Personal Care Assistance \(PCA\) Program Responsible Party Agreement and Plan \(PDF\)](#)

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

[DHS-5899 MHCP Home Care Shared Services Agreement \(HCN or PCA\) \(PDF\)](#)

[DHS-6000 MHCP Designation of PCA Billing Person \(PDF\)](#)

[DHS-6005 MHCP PCA Agency Applicant Assurance Statement \(PDF\)](#)

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

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

[DHS-6033 MHCP PCA Agency Surety Bond \(PDF\)](#)

[DHS-6041 MHCP PCA Agency Personnel List and Affiliation \(PDF\)](#)

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

[DHS-6532 CDCS Community Support Plan – Rule 185 Compliant \(PDF\)](#)

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

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

[DHS-6633A CDCS Community Support Plan Addendum with Provider Rate Increase \(PDF\)](#)  
[DHS-6759G Moving Home Minnesota Housing Transitions Worksheet \(PDF\)](#)  
[DHS-6759H Moving Home Minnesota Communications Form \(PDF\)](#)  
[DHS-6759I Moving Home Minnesota Informed Consent Form \(PDF\)](#)  
[DHS-6759J Moving Home Minnesota Transition Planning Tool \(PDF\)](#)  
[DHS-6759K Moving Home Minnesota Transition Planning Tool, Part 2: Risk Mitigation \(PDF\)](#)  
[DHS-6768 Case manager's cost report for DD full team screenings \(PDF\)](#)  
[DHS-6789 List of Monitoring Technology Approval Request Process forms \(PDF\) \[includes 6789A, 6789B and 6789C\]](#)  
[DHS-6790 List of Rates Management System \(RMS\) Worksheets \(PDF\)](#)  
[DHS-6791A MnCHOICES Community Support Plan Worksheet \(PDF\)](#)  
[DHS-6791B MnCHOICES Community Support Plan with the Coordinated Services and Supports Plan \(PDF\)](#)  
[DHS-6791C Instructions to Complete the MnCHOICES Community Support Plan with the Coordinated Services and Supports Plan \(DHS-6791B\) \(PDF\)](#)  
[DHS-6791D MnCHOICES Coordinated Services and Supports Plan Signature Sheet \(PDF\)](#)  
[DHS-6791E MnCHOICES Reassessment Communication Form \(PDF\) and instructions, 6791F \(PDF\)](#)  
[DHS-6810 Positive Support Transition Plan template \(PDF\) and instructions \(PDF\)](#)  
[DHS-6810A Positive Support Transition Plan review \(PDF\)](#)  
[DHS-6810D: Request for the Authorization of the Emergency Use of Procedures \(PDF\)](#)  
[DHS-6810F: Positive Supports Functional Behavior Assessment Quality Checklist \(PDF\)](#)  
[DHS-6010G: Positive Support Transition Plan Quality Checklist \(PDF\)](#)  
[DHS-6910 Rates Management \(RMS\) Residential Shared Staffing Hours Worksheet \(PDF\)](#)  
[DHS-6936 Minnesota Employment Communities of Learning \(MN ELC\) application \(PDF\)](#)  
[DHS-6939 MA-EPD Good Cause Application and instructions \(PDF\)](#)  
[DHS-6940 MnCHOICES PCA Service Agreement Addendum \(PDF\)](#)  
[DHS-6979 MnCHOICES Help Desk Contact Form](#)  
[DHS-7012 DWRS Rates Mentor Inquiry Form \(PDF\)](#)  
[DHS-7108 CMDE Medical Necessity Summary Information](#)  
[DHS-7108A CMDE Medical Necessity Summary Information Signature Form \(Addendum B\) \(PDF\)](#)  
[DHS-7109 Individual Treatment Plan \(ITP\) and Progress Monitoring](#)  
[DHS-7109A ITP and Progress Monitoring Signature Form \(Addendum A\) \(PDF\)](#)  
[DHS-7109B ITP and Progress Monitoring Provider Team Members List \(Addendum B\) \(PDF\)](#)  
[DHS-7109C ITP and Progress Monitoring Week-in-the-Life Schedule \(Addendum C\) \(PDF\)](#)  
[DHS-7176 HCBS Provider Attestation](#)  
[DHS-7176H HCBS Rights Modification Support Plan Attachment \(PDF\)](#)  
[DHS-7185 Case Manager's Recipient Information Form](#)  
[DHS-7209 DSD DD Waiver Waiting List Category Determination Tool \(PDF\)](#)  
[DHS-7279 Olmstead Employment Practice Review Panel Story Template \(PDF\)](#)  
[DHS-7418 Host County Notification of Residential Placement Form \(PDF\)](#)  
[DHS-7759A Remote Support Exception Form](#)  
[DHS-7759B Customized Living Size-Limit Exception Request Form](#)  
[DHS-7759E Safety Checklist for Out-of-Home Respite Services in an Unlicensed Setting \(PDF\)](#)  
[DHS-8062 Setting Capacity Report](#)  
[DHS-8168 DSD Contact Form](#)