

Forms and documents

This page provides a list of frequently used DHS forms referenced in the CBSM. Use the [DHS eDocs searchable document library](#) to search for and download forms, applications and other documents in other languages.

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General

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

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

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

[Interagency Case Transfer Form, DHS-3195 \(PDF\)](#)

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

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

[Variance Request, DHS-3141](#)

Billing and MMIS

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

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

[MHCP Individual Practitioner – Provider Enrollment Application, DHS-4016](#)

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

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

[MHCP Personal Care Providers Application, DHS-4022 \(PDF\)](#)

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

[Instructions for Completing and Entering the Health Risk Assessment into MMIS for SNBC, DHS-5020A \(PDF\)](#)

[Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS, DHS-4625 \(PDF\)](#)

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

EIDBI (autism spectrum disorder and related conditions)

[EIDBI Manual – Forms](#)

Home care

[Home Care Bill of Rights, DHS-4449 \(PDF\)](#)

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

[Home Care Shared Services Agreement \(HCN, PCA or CFSS\), DHS-6893E \(PDF\)](#)

[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 \(PDF\)](#)

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

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

LTSS assessment, eligibility and support planning

[CBSM – Documents for LTSS assessment, eligibility and support planning](#)

MnCHOICES

[CBSM – Documents produced within the MnCHOICES application.](#)

PCA/CFSS

[CFSS Manual – Forms and documents](#)

Positive supports

[Behavior Intervention Reporting Form, DHS-5148](#)

[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 \(PDF\)](#)

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

Waivers – lead agencies

[Additional Square Footage Checklist, DHS-5887 \(PDF\)](#)

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

[Case Manager's Cost Report for DD Full-Team Screenings, DHS-6768 \(PDF\)](#)

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

[MnCHOICES Community Support Plan with the Coordinated Services and Supports Plan, DHS-6791B \(PDF\)](#)

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

Waivers – providers

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

[Electronic Funds Transfer Vendor Number Notification, DHS-3725 \(PDF\)](#)

[HCBS – Provider Enrollment Application, DHS-4015 \(PDF\)](#)

[HCBS Programs Service Request Form, DHS-6638 \(PDF\)](#)

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

[MinnesotaHelp.info Instructional Guide, DHS-6933 \(PDF\)](#)

[Notice of Temporary Service Suspension, DHS-2828C \(PDF\)](#)

[Notice of Service Termination, DHS-2828D \(PDF\)](#)

Miscellaneous

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

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

[Medical Assistance for Employed Persons with Disabilities \(MA-EPD\) Initial Premium Notice, DHS-3547 \(PDF\)](#)

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

[Mobility Device Authorization Form, DHS-4315 \(PDF\)](#)

[Notice of Summary Disposition – Abuse /Neglect Did Not Occur; Protective Services Not Needed, DHS-4587 \(PDF\)](#)

[Psychotropic Medication Use Checklist, DHS-4254 \(PDF\)](#)