



New Beginnings Enterprises, Inc. CDDO
Waiting List Verification Form

Individual Name: _____

SS#: _____

Date of Birth: _____

You are currently reported as waiting for ID/DD services in _____ county.

Date Requested: _____.

Please review dates carefully. If the Date Requested is no longer accurate, please make your best estimation of when you will **need** this service. The Date Requested can be moved forward no further than today's date. If any changes are requested in the Date Requested, please mark through the date listed; write in the new Date Requested and initial. This change must be initiated by the individual requesting service(s) or the guardian. All requested changes will be reviewed by the CDDO.

As funding becomes available it will be offered to you. If you decline the funding/service at that time, your request date will be moved to the date it was offered + 90 days.

Individual/legal guardian signature

Date

BASIS Assessor or Case Manager

Date