

John Bel Edwards  
GOVERNOR



Dr. Courtney N. Phillips  
SECRETARY

## State of Louisiana

Louisiana Department of Health

Office for Citizens with Developmental Disabilities

**IMPORTANT!!! THIS IS NOT AN OFFER FOR SERVICES; HOWEVER, IF YOU DO NOT RESPOND TO THIS LETTER, YOUR REQUEST FOR SERVICES MAY BE CLOSED ON THE DEVELOPMENTAL DISABILITIES (DD) REQUEST FOR SERVICES REGISTRY (RFSR).**

Dear \_\_\_\_\_,

On \_\_\_\_\_, you or someone on your behalf requested waiver services (i.e., assistance to help you, or your family member with a disability, live safely and more independently in your home). You were added to the DD RFSR.

The Louisiana Department of Health/Office for Citizens with Developmental Disabilities (LDH/OCDD) is in the process of locating all individuals on this registry to update our records. **Attached is an information form that you must complete and return by \_\_\_\_\_.** If you need assistance to complete this information update form, you may contact your Local Governing Entity (LGE) and ask for assistance with the Developmental Disabilities Request for Services Registry Information Update Form. Their phone number can be found on the enclosed form.

It is important that we hear from you. If you do not return this form, your request for services may be closed on this registry. It is your responsibility to notify OCDD at the address or telephone number listed on the attachment of any change in your address and/or phone number. For your convenience, we have attached a listing of Local Governing Entities where you may call for information/assistance at any time. Thank you in advance for your help.

Sincerely,

OCDD Waiver Executive Director

Attachments

**IMPORTANT!!! IF YOU DO NOT RESPOND TO THIS LETTER, YOUR REQUEST FOR SERVICES MAY BE CLOSED ON THE DD REQUEST FOR SERVICES REGISTRY!**

**DD REQUEST FOR SERVICES REGISTRY (RFSR)  
DEMOGRAPHICS UPDATE**

**IMPORTANT!! THIS IS NOT AN OFFER FOR SERVICES; HOWEVER, IF YOU DO NOT RESPOND TO THIS LETTER BY MAILING IN THIS INFORMATION FORM, YOUR NAME MAY BE REMOVED FROM THE DEVELOPMENTAL DISABILITIES (DD) REQUEST FOR SERVICES REGISTRY (RFSR), WHICH INCLUDES THE FORMER MR/DD WAIVER WAITING-LIST.**

**YOU ARE LISTED ON THE NEW OPPORTUNITIES WAIVER REGISTRY WITH A REGISTRY DATE OF \_\_\_\_\_**

This is the current information that we have on file. Please make any necessary additions/corrections by putting a line through the incorrect information and writing in the correct information.

**REQUESTOR'S NAME:** \_\_\_\_\_  
**REQUESTOR'S DATE OF BIRTH:** \_\_\_\_\_  
**REQUESTOR'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_ *(please complete)*  
**REQUESTOR'S MAILING ADDRESS:** \_\_\_\_\_

**REQUESTOR'S PHYSICAL (HOME) ADDRESS :** \_\_\_\_\_

**REQUESTOR'S HOME PHONE NUMBER:** \_\_\_\_\_

**REQUESTOR'S DAYTIME PHONE NUMBER:** \_\_\_\_\_

**GUARDIAN/RESPONSIBLE PARTY:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN/RESPONSIBLE PARTY'S HOME PHONE NUMBER:** \_\_\_\_\_

**GUARDIAN/RESPONSIBLE PARTY'S DAYTIME PHONE NUMBER:** \_\_\_\_\_

**DOES THE REQUESTOR HAVE A CURRENT MEDICAID CARD:**  YES  NO

**MEDICAID #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
*(Requestor or Legal Guardian)*

**Relationship to Requestor:**  Self  Other \_\_\_\_\_ *(please describe)*

**Date:** \_\_\_\_\_

**THE DEADLINE FOR RETURNING THIS INFORMATION IS:** \_\_\_\_\_

Please return to: OCDD c/o Statistical Resources, Inc. (SRI), 11505 Perkins Rd., Suite H, Baton Rouge, 70 or FAX to (225) 767-0502