

**WAIVER CONTACT LIST**  
**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER**  
**NURSING HOME TRANSITION AND DIVERSION**

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Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Service Coordinator**

**Name:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Provider Agency:** \_\_\_\_\_

**Regional Resource Development Specialist (RRDS)**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**NHTD Complaint Line:**  
**(914) 589-6080**

**DOH Waiver:**  
**(518) 474-5271**

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**WAIVER CONTACT LIST (cont'd)**

**Service:**

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**Agency Name:**

**Telephone:**

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**Staff Name:**

**Supervisor:**

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**Service:**

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**Agency Name:**

**Telephone:**

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**Staff Name:**

**Supervisor:**

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**Service:**

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**Agency Name:**

**Telephone:**

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**Staff Name:**

**Supervisor:**

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**Service:**

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**Agency Name:**

**Telephone:**

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**Staff Name:**

**Supervisor:**

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**Service:**

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**Agency Name:**

**Telephone:**

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**Staff Name:**

**Supervisor:**

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**Other:**

**Telephone:**

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