

**WAIVER SERVICES CONTACT LIST  
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER  
TRAUMATIC BRAIN INJURY (TBI)**

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**NOTE: A current copy of this document must be readily available in the participant's home.**

**In case of fire or emergency call 911**

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

**Participant Signature:** \_\_\_\_\_

**Protective Oversight Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Service Coordinator**

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

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

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

**Agency:** \_\_\_\_\_ **Hours of Operation:** 9:00 am to 5:00 pm

**Days of Operation (circle days)**      **Mon**   **Tues**   **Wed**   **Thurs**   **Fri**   **Sat**   **Sun**

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**Regional Resource Development Specialist (RRDS)**

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

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

**Agency:** \_\_\_\_\_ **Hours of Operation:** 9am to 5pm

**Days of Operation:**      **Mon**   **Tues**   **Wed**   **Thurs**   **Fri**

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**Complaint Line**

**Hours of Operation**

**Days of Operation:**      **Mon**   **Tues**   **Wed**   **Thurs**   **Fri**

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

**Service**

**Name  
Supervisor**

**Telephone  
Telephone**

**Agency**

**Hours of Operation 9 AM to 5PM with 24 hr on call**

**Days of Operation (circle days)**

**Mon Tues Wed Thurs Fri**

**Sat Sun**

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**Service**

**Name  
Supervisor**

**Telephone  
Telephone**

**Agency**

**Hours of Operation 9 AM to 5PM with 24 hr on call**

**Days of Operation (circle days)**

**Mon Tues Wed Thurs Fri**

**Sat Sun**

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**Service:** \_\_\_\_\_

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

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

**Agency:** \_\_\_\_\_ **Hours of Operation:** 9 AM to 5 PM

**Days of Operation (circle days)**

**Mon Tues Wed Thurs Fri**

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**Service**

**Name  
Supervisor**

**Telephone  
Telephone**

**Agency**

**Hours of Operation 9 AM to 5PM with 24 hr on call**

**Days of Operation (circle days)**

**Mon Tues Wed Thurs Fri**

**Sat Sun**

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