KANSAS DEPARTMENT ON AGING
DIRECT SERVICE WAIVER REQUEST

Area Agency on Aging: ____________________________  FY: _________________________

Date Submitted: ____________________________

Service/Activity: ____________________________  Area Plan Page Number: ________
(only one service/activity per waiver request)

Part A: Reason for Request:
The Area Agency on Aging requests a waiver to deliver services directly for the following reason (please check at least one):
1. [ ] The direct provision of such services is necessary to assure an adequate supply of such services.
2. [ ] Services of comparable quality can be provided more economically by the area agency.

Part B: Description of Service Delivery Mechanism(s)
(Include geographical area to be served and period of time waiver will be in effect.)

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Part C: Describe Lack of Adequate Supply of Service
(Required if number 1 in Part A is checked. Documentation of the AAA’s program development and procurement process is required.)

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Part D: Cost-Benefit Analysis
(Required if number 2 in Part A is checked. Documentation that services of comparable quality can be provided more economically by the area agency is required.)

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Part E: Signature

___________________________________________  ______________________________
Signature of Area Agency on Aging Director  Date

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