

**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