

**CHILDREN'S LONG-TERM SUPPORT WAIVERS  
 HRSR SLOT CHANGE REQUEST**

Completion of this form is voluntary. In lieu of this form, agencies may use locally designed forms with prior approval from the Children's Services Section. This form, or an approved substitute, is required for requesting the slot changes described below. Personally identifiable information on this form is collected to verify that the requested slot change is allowable, and will be used only for this purpose.

**Instructions:** Choose the type of change being requested and complete all fields in that section. All supporting materials identified below as being included with this form **must be included with this form**. Forms that are missing required information will not be processed.

**SWITCH PARTICIPANT'S MATCH SOURCE (Local-Match to State-Match, or vice versa)**

Description: Participant continues to be eligible for waiver services, but county requests to switch the match source (e.g., local-matched to state-matched). Children's Services Section (CSS) approval is required – include a copy of the email or letter of approval from your CSS for this switch. Child must have a current disability determination for eligibility for a state-funded slot. County must close former slot in HRSR before submitting this form.

Name – Participant (Last, First, MI)		Effective Date of Change (date county closed former HRSR slot)	
Former Slot Number	Former LTS Code <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M	Former Match Source <input type="checkbox"/> Local Match <input type="checkbox"/> State Match	
New Match Source <input type="checkbox"/> Local Match <input type="checkbox"/> State Match		New Slot Number requested (leave blank if a new slot number needs to be created)	

County has closed former HRSR slot effective date shown above (if not closed when form is submitted, change will not be processed).

CSS has approved this change. Copy of CSS approval is included with this form.

**SWITCH PARTICIPANT'S TARGET GROUP AT COUNTY OPTION (Child remains eligible for original Target Group)**

Description: Waiver participant continues to qualify for original Level of Care and original match source, but also meets a different Level of Care per Children's Long Term Support (CLTS) Functional Screen *in addition to the original Level of Care*. County requests to switch child from one target group (waiver type) to the other for funding/contracting purposes. Requires prior approval by your CSS. County must close former slot in HRSR before submitting this form.

Name – Participant (Last, First, MI)		Effective Date of Change (date county closed former HRSR slot)	
Former Slot Number	Former Target Group <input type="checkbox"/> DD <input type="checkbox"/> PD <input type="checkbox"/> SED	New Slot Number requested (leave blank if number needs to be created)	New Target Group <input type="checkbox"/> DD <input type="checkbox"/> PD <input type="checkbox"/> SED

County has closed former HRSR slot effective date shown above (if not closed when form is submitted, change will not be processed).

CSS has approved this change. Copy of CSS approval is included with this form.

**SUPPORT AND SERVICE COORDINATOR COMPLETING THIS FORM**

Name (Type or Print)	Telephone Number
Email Address (Type or Print) (Confirmation will be sent to this email address)	

Submit this form and all required documentation to: Children's Waivers Unit  
 DHS/DLTC/Children's Services Section  
 PO Box 7851, Madison WI 57307-7851  
 E-Mail: [DHSCCLTS@wisconsin.gov](mailto:DHSCCLTS@wisconsin.gov)