



**Legally Responsible Individual (LRI) Information Form**

This form is required annually for all LRI's. The Developmental Disabilities (DD) Waiver or Medically Fragile Waiver Case Manager or the Mi Via Consultant completes the form below and submits it to Developmental Disabilities Supports Division (DDSD) using this [LRI Information Form submission link](#).

Waiver Participant Information		
<b>Name:</b>	<b>Age:</b>	<b>Date of Birth:</b>
<b>Last 4 of Social Security Number:</b>	<b>Phone:</b>	
<b>Waiver Program:</b>	<b>Region:</b>	
<b>Individual Service Plan or Service and Support Plan Begin Date:</b>		
<b>Individual Service Plan or Service and Support Plan End Date:</b>		

Case Management Information (This applies to DD Waiver and Medically Fragile Waiver Case Managers and Mi Via Waiver Consultants.)	
<b>Name:</b>	<b>Agency Name:</b>
<b>Phone Number:</b>	<b>Email:</b>

Legally Responsible Individual Information (parent of a minor or spouse)	
<b>Name:</b>	<b>Relationship:</b>
<b>Provider Agency or Employer of Record Name:</b>	<b>Phone:</b>

Service(s) provided by the LRI (Payment to LRI's is only allowed for the following services.)		
<b>DD Waiver</b> <ul style="list-style-type: none"> <li>• Customized In Home Supports</li> <li>• Customized Community Supports</li> <li>• Community Integrated Employment</li> <li>• Respite</li> </ul>	<b>Medically Fragile Waiver</b> <ul style="list-style-type: none"> <li>• Home Health Aide</li> <li>• Private Duty Nursing</li> <li>• Respite</li> </ul>	<b>Mi Via Waiver</b> <ul style="list-style-type: none"> <li>• All services, EXCEPT: <ul style="list-style-type: none"> <li>○ Consultant services</li> <li>○ Customized Group Supports</li> <li>○ Individual Directed Goods and Services</li> </ul> </li> </ul>

<b>List service(s) planned to be provided by the LRI.</b>
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**DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION**

**Extraordinary Care Circumstances**

**Note: Any personal care is considered extraordinary care on the Medically Fragile Waiver due to medical complexity of all individuals on that waiver.**

**What are the extraordinary care circumstances?**

**LRI Attestation of Understanding**

I understand that more than forty (40) hours of paid services in a seven (7)-day period may not be provided as an LRI due to the existing duty of care responsibilities.

LRI Name: \_\_\_\_\_

LRI Signature \_\_\_\_\_ Date: \_\_\_\_\_