



**AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
DEVELOPMENTAL DISABILITIES SERVICES DIVISION**  
280 STATE DRIVE HC2 SOUTH  
WATERBURY, VT 05671-2030  
PHONE: 802-241-0304 FAX: 802-241-0410



CLIN – DD HCBS (211HCBS-LOS)

**LIVING OUT-OF-STATE REPORT FORM**

**To:** Tammi Provencher – Program Tech  
Mail: DDS/DAIL, 280 State Drive, Waterbury, VT 05671-2030  
Phone: 802-241-0305 Fax: 802-241-0410  
Email: tammi.provencher@vermont.gov

**From:** DA/SSA \_\_\_\_\_  
Contact person \_\_\_\_\_  
Date form submitted \_\_\_\_\_

See Guidelines for Maintaining Medicaid Eligibility when in Shared Living Out of State – page 2 for instructions on how to fill out this form.

**Moved Out-of-State**

<b>First name</b>	
<b>Last name</b>	
<b>SS #</b>	
<b>DOB</b>	
<b>Last permanent address (town person lived prior to move)</b>	Town:
<b>Date of move</b>	
<b>Residency address in VT (payee’s or service provider’s name and address)</b>	Payee/provider name: Street: Town/State/Zip:
<b>Physical address (out-of-state placement)</b>	Shared Living provider name: Street: Town/State/Zip:

**Moved Back to Vermont**

<b>First name</b>	
<b>Last name</b>	
<b>SS #</b>	
<b>DOB</b>	
<b>State where person lived</b>	State:
<b>Date returned</b>	
<b>Mailing address in VT</b>	c/o: PO Box or Street: Town/State/Zip:

**For DAIL use only:**

File: DDS Shared/Medicaid/Living Out of State  
Pink mail to: DCF – Economic Services Division, Application and Document Processing Center,  
280 State Drive, Waterbury, VT 05671-1500