

## DIRECT SERVICE WAIVER FORM

**The Area Agency on Aging (AAA) requests a Direct Service Waiver for:**

Disease Prevention/Health Promotion



**Reason for the Direct Service Waiver request (check all that apply):**

<input type="checkbox"/>	Providing services by the AAA is necessary to assure an adequate supply
<input type="checkbox"/>	Services are directly related to the AAA's administrative functions
<input checked="" type="checkbox"/>	Services can be provided more economically, and with comparable quality, by the AAA

**Provide justification for this request. Include any efforts the AAA made to locate a service provider, details regarding the costs of services in the planning and service area (PSA) and any other information relevant for consideration. Include information regarding governing board review and approval. All records related to this request must be maintained for monitoring purposes.**

Trained Agency staff and trained volunteers supervised by Agency staff conducts these workshops without additional costs for outside services. No other providers were located for this service.