

- Choose one scenario from the choices posted.
- Read scenario.
- Complete form 470-4431 Individual Budget identifying possible services to assist the “member” based on the information given in scenario.
- Submit completed budget and an email containing the following information to HCBSwaivers@dhs.state.ia.us:
 - First & Last Name
 - Contact phone #
 - Email address
 - Be sure to attach budget
- If questions or to submit completed budget, contact HCBSwaivers@dhs.state.ia.us
- Questions and clarification on budget issues will be discussed during the live webinar.