**Exhibit 13: Provision of Direct Services for COVID-19 Disaster Response – Waiver Request**

As specified in 42 U.S.C. §3027(a)(8)(A) and 10A NCAC 05C .0303, Area Agencies on Aging shall not provide supportive services, in-home services, or nutrition services directly without state approval. This waiver request to provide direct service applies to Older Americans Act services funded by the Families First Coronavirus Response Act or the Coronavirus Aid, Relief, and Economic Security Act.

1. Name of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Area Agency on Aging Time Period: January 20, 2020 -September 30, 2021
2. Summary of Service Information:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name of COVID-19 Disaster Response Service**  **(III-B, III-C, or III-E)** | **Service Code** | **Affected Counties** |
|  |  |  |
|  |  |  |
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Area Agency on Aging Director Date

**Exhibit 13: Provision of Direct Services Waiver Request for COVID-19 Disaster Response**

The information below is required for each service that the Area Agency on Aging requests approval to provide directly.

(Ref. 42 U.S.C 3027(a)(8)(A) and 10A NCAC 05C .0303)

**Name of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Agency on Aging**

**Name of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Code:\_\_\_\_\_\_\_\_\_\_\_ Time Period:** *January 20, 2020 - September 30, 2021*

1. **Service Allocations and Budgets**:
2. Complete the Provider Services Summary **(DAAS-732-COVID)** to indicateeach direct service and the amount allocated for each direct service. If appropriate, include allocations for non-unit emergency response costs. Each allocation listed should equal the budget to be entered in ARMS by service and service code.
3. All AAAs requesting a waiver to provide direct services, whether unit-based or non-unit, will submit a budget for each service using a format of the AAA’s own choosing.
4. Submit Form DAAS-733 describing the method for targeting low-income minority and rural persons.

*(N.A. – COVID-19 Pandemic emergency response)*

1. Describe the efforts made to cultivate new or existing contractors to provide this service, the results to date, and plans for the upcoming year.

*(N.A. – COVID-19 Pandemic emergency response)*

1. **For non-unit producing activities funded by FCSP,** provide a brief narrative of the planned service and activities.

*(N.A. – COVID-19 Pandemic emergency response)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Approved Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Area Agency on Aging Director Date (circle one) Director, NC DAAS Date

