

Let's Collaborate On Your Vision



GETTING STARTED

This is the first and most important step in beginning your journey with Waiver Consulting Group LLC. Completing the form accurately is essential—it enables us to provide custom-tailored support, expedite your onboarding, assign your project internally, and load the appropriate tasks into your Client Portal. Accurate entries also help avoid delays and redundant questions, improve the quality of your intake consultation, and ensure that all regulatory and waiver-specific requirements are identified early.

When you have completed and submitted this form, you will receive an invite to our Client Portal where you will be assigned a License Specialist who will answer your questions, provide you with information, and help you get started with launching your program.

What Program/Service Would You Like To Get Started On? *

Your Email *

SELECT STATE OF YOUR PROGRAM *

Select... ▼

WHAT TYPE OF HELP ARE YOU LOOKING FOR FROM WAIVER CONSULTING GROUP? (e.g., licensing, Medicaid enrollment, policy manual, waiver consulting, etc.). *

Select... ▼

WHAT TYPE OF PROGRAM OR SERVICES WILL YOUR AGENCY OFFER? For example: Home Care, Skilled Nursing, Adult Day Program, Behavioral Health, Group Home, Therapy Services, etc. *

Select...

WHO DO YOU PLAN TO SERVE? Describe the primary population(s) your agency will support (e.g., seniors, individuals with disabilities, children, veterans, Medicaid recipients, mental health clients, etc.). *

Select...

Agency Name (Registered Or Proposed) *

☐ My Agency is Registered

☐ My Agency Is Not Yet Registered

Tell us more about your agency or plans. Share anything else you think we should know—whether you're just getting started, already operating, expanding to a new state, recovering from an audit, or need help with a returned application. IN *

WHICH OF THE FOLLOWING SCENARIOS APPLY TO YOU? *

Select...

FIRST & LAST NAME *

PHONE # *

CONFIRM YOUR EMAIL *

The Next Step After Submitting This Form May Be An Initial Google Meet/Zoom Meeting. Please select a date and time that works for you *

What Time Do You Prefer For The Initial Meeting? (Indicate Time Zone ex. EST, Central, etc to ensure accurate scheduling) *

How Soon Are You Looking Start? *

Select...

CONSENT: I consent to being contacted via phone calls, texts or emails by Waiver Consulting Group for further discussion or consultation. (Enter Your Name Below To Consent To Contact From Waiver Group) *

Solve the Captcha

Enter Captcha



Submit Form

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