

APPLICATION FOR PARTICIPATION
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER
Nursing Home Transition and Diversion (NHTD)

Applicant Name CIN

Current Residence

Telephone Date of Birth

- Not enrolled in Medicaid
- Medicaid application is pending

I am requesting participation in a Home and Community Based Services Medicaid Waiver.
I understand that approval to participate in the waiver is based on documentation of the following:

- Nursing home level of care
- Eligibility and authorization for Medicaid coverage of Community Based Long Term Care Services
- Being able to live in the community with the needed assistance of available informal supports; or non Medicaid supports; or Medicaid State Plan Services; and at least one waiver service(s)
- Age of at least eighteen (18) years at the time of approval for the waiver

Applicant Signature Date

Legal Guardian Name (as applicable) Signature Date

Authorized Representative Name (as applicable) Signature Date

Regional Resource Development Specialist Name Signature Date