

## FREEDOM OF CHOICE

### HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion (NHTD)

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I, \_\_\_\_\_ have been informed that I may be eligible for services provided through either a nursing facility or a Home and Community Based Services Medicaid Waiver.

Check One:

\_\_\_\_\_ I have chosen to apply for the Nursing Home Transition and Diversion Medicaid Waiver.

\_\_\_\_\_ I have chosen to apply for Medicaid State Plan Services and/or another Home and Community Based Services Medicaid Waiver

\_\_\_\_\_ I have chosen **NOT** to apply for services through a Home and Community Based Services Medicaid waiver at this time.

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Applicant Signature

Date

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Legal Guardian Name (as applicable)

Signature

Date

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Authorized Representative (as applicable)

Signature

Date

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Regional Resource Development Specialist

Signature

Date