

**APPLICANT INTERVIEW ACKNOWLEDGEMENT**  
**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER**  
**TRAUMATIC BRAIN INJURY (TBI)**

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Referral # \_\_\_\_\_

Applicant Name \_\_\_\_\_

Date of Interview \_\_\_\_\_

CIN \_\_\_\_\_ Regional Resource Development Specialist (RRDS)

The following has been provided to me and/or my legal guardian:

1. The philosophy and mission of the Home and Community Based Medicaid Services (HCBS) of the Traumatic Brain Injury (TBI) Waiver;
2. Information about HCBS waivers and other Medicaid services to support people in the community and my right to choose whether or not to apply at this time;
3. The steps necessary to complete the application process including the rights and responsibilities of the participant, the Regional Resource Development Specialist, Service Coordinator, and Service Providers;
4. The process of interviewing and choosing an approved Service Coordinator agency and provider agencies of my choice;
5. The process of changing waiver service providers at any time once I am approved as a participant in this waiver;
6. The process for the development and implementation of the Service Plan, the Revised Service Plan and subsequent addendums, change of providers and revisions, that will provide services to support me in the community if I am approved as a participant; and
7. The process of receiving Notices of Decision forms including requesting an Informal Conference and/or a Fair Hearing.

Applicant and/or Legal Guardian or Authorized Representative (as applicable) Signature \_\_\_\_\_

Date \_\_\_\_\_

Regional Resource Development Specialist (RRDS) Signature \_\_\_\_\_

Date \_\_\_\_\_