BEHAVIORAL HEALTH DIVISION
Home and Community Based Services

NEW Supports and Comprehensive Waiver Acknowledgment

Waiver Program

Check your ***Current waiver program***.	Check the ***NEW waiver program*** you are choosing.
☐ Adult Developmental Disabilities (DD) Waiver ☐ Child Developmental Disabilities (DD) Waiver	☐ Supports Waiver ☐ Comprehensive Waiver

Participant Contact Information

Participant Name:_____

Address:_____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip:_____

Phone Number: _____ Email address:_____

Social Security Number: _ _ _ - _ _ - _ _ _ _ Date of Birth:_____/_____/_____

Medicaid #: __ - _____ Town receiving services:_____

Preferred method of contact? ☐ mail ☐ phone ☐ e-mail

Guardian Contact Information

Please fill out the following section if the person above is under 18 years of age or the person above has a legal, court-appointed guardian (full or limited).

Name of Parent(s)/Legal Guardian(s): _____

Address:_____ Phone: _____

City: _____ State: _____ Zip:_____

Email address: _____(required)

Is this person a legal court-appointed guardian (full or limited)? YES ☐ NO ☐

Acknowledgement and Signatures

Check the REQUIRED boxes before signing and submitting this form.

☐ REQUIRED: I acknowledge my current waiver program is renewing and I am enrolled in the Comprehensive Waiver.

☐ REQUIRED: I acknowledge I have received my new Individual Budget Amount (IBA) for the Comprehensive Waiver, which does not include case management services that is added to my IBA.

☐ OPTIONAL: I acknowledge I am receiving non-residential services and want to enroll in the Supports Waiver.
My budget amount is: (check one box according to your age) ☐ $12,500 (ages 0-21) ☐ $16,500 (ages 22 and older)

_____ **Date** __/__/_____

Signature of Applicant or Legally Responsible Representative: ☐Parent ☐Guardian ☐Grandparent ☐Family ☐Other

_____ **Date** __/__/_____

Signature of Case Manager

Case Manager uploads this form in Document Library of EMWS within 30 days – then notifies Participant Support Specialist.