



Medicaid Supports Waiver Application

Applicable Program - Submit this form to a Developmental Disabilities Participant Support Specialist

I am currently on a Medicaid Waiver: Yes No Waiver Name: _____

If yes, your case manager's name: _____ Case manager's phone number: _____

I am interested in receiving information on institutional placement Yes No

I am interested in being placed on the waiting list for Comprehensive Waiver Services Yes No

I am between 21 and 64 years of age and have an Acquired Brain Injury (ABI) Yes No

Applicant Contact Information

Applicant Name: _____ Phone Number: _____

Physical Address: _____ Mailing Address: _____

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

County of Residence: _____ E-mail Address: _____

Social Security Number: ____ - ____ - ____ DOB: ____ / ____ / ____ Age: _____

Male Female Ethnicity: _____ Preferred method of contact? Mail Phone E-mail

Medicaid #: ____ - _____ Community where I will receive services: _____

I am a qualifying dependent of an active military service member: Yes No

As the applicant's Legally Authorized Representative, I certify I intend to reside in Wyoming within eighteen (18) months after retiring or separating from military service. Yes No N/A

Legally Authorized Representative Contact Information

Please fill out the following section if the applicant is under 18 years of age or has a court-appointed Legally Authorized Representative (full or limited).

Name of Parent(s)/Legally Authorized Representative(s): _____

Physical Address: _____ Phone Number: _____

City, State, Zip: _____ E-mail Address: _____

Preferred method of contact? Mail Phone E-mail

Is this person a court-appointed Legally Authorized Representative (full or limited)? Yes No

Emergency Contact Information

Please include emergency contact information.

Name: _____ Relationship to Participant: _____

Physical Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Signatures

Signature of Applicant or Legally Authorized Representative _____ Date ____/____/____

Signature of Witness _____ Date ____/____/____

(required if signature is marked with an "X")