



COMMUNITY CHOICES WAIVER APPLICATION

We received notification that you may be interested in receiving community-based services as an alternative to the care provided in a nursing facility. Enclosed you will find a fact sheet for the Community Choices Waiver (CCW) program. If you would like to apply, please complete and return this application form. You may submit your application by mail, fax, email, or personal delivery to:

Address: Attn: Community-Based Services Unit
 Wyoming Department of Health
 Division of Healthcare Financing
 Herschler Building
 122 West 25th Street, 4 West
 Cheyenne, WY 82002
 Fax: (307) 777-8685
 Email: ccw.waivers@wyo.gov

If you are not already a Wyoming Medicaid member, you will also need to complete a Wyoming Medicaid application. For more information on the Medicaid application process, contact the Long-Term Care Eligibility Unit at 1-855-203-2936.

Applicant Name:	_____	Medicaid/Social Security #:	_____
Physical Address:	_____	Date of Birth:	_____
	_____	Phone Number:	_____
Mailing Address:	_____	Email Address:	_____
<i>(If Different)</i>	_____	Nursing Facility Discharge Date:	_____
	_____		<i>(If applicable)</i>

Applicants for the Community Choices Waiver program are required to select a case management agency from the enclosed list of providers in your county. Please indicate your choice of case management agency by writing the agency name and signing below.

Case Management Agency: _____

Applicant Signature*: _____ Date: _____

**A guardian or power of attorney may sign on behalf of an applicant – documentation is required.*