# Medicaid Supports Waiver Application

HOME AND COMMUNITY-BASED SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

## *Applicable Program* - Submit this form to the Benefits and Eligibility Specialist (BES) in your area

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 have an acquired brain injury (ABI) ☐ Yes ☐ No Age the ABI occurred: _____

## *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: _____ Medicaid #: ____ - _____

City/County 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 that 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 complete 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: _____

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: _____ E-mail Address: _____

## *Signatures*

_____

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

Signature of Witness_____ Date ___/___/_____

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