

ATTACHMENT 1

2176 WAIVER ELIGIBILITY APPLICATION COVER SHEET

NAME OF INDIVIDUAL APPLICANT:	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
EFFECTIVE DATE OF WAIVER SERVICES EXPECTED START DATE:	
CURRENT HOME ADDRESS:	
	CURRENT PHONE NUMBER:
HOME ADDRESS UNDER WAIVER IF DIFFERENT:	
	PHONE NUMBER:
RESIDENTIAL PROVIDER AGENCY NAME, ADDRESS AND PHONE IF APPLICABLE:	
NAME AND PHONE NUMBER OF PERSON COMPLETING THIS FORM:	
	PHONE NUMBER:
<p style="text-align: center;">ACCOMPANYING DOCUMENTATION (CHECK THOSE WHICH APPLY.)</p> <p><input type="checkbox"/> UR FOR INDIVIDUALS RESIDING IN ICF/MR OR NURSING FACILITY.</p> <p><input type="checkbox"/> FORM 250 FOR INDIVIDUALS NOT RESIDING IN ICF/MR.</p> <p><input type="checkbox"/> MA APPLICATION (PA 600 AND PA 4).</p> <p><input type="checkbox"/> MA APPLICATION RELEASE FORM IF NO APPLICATION IS NEEDED.</p> <p><input type="checkbox"/> OTHER (SPECIFY: _____).</p>	