

☐ NHTD ☐ TBI

Home And Community Based Services Medicaid Waiver
Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI)

I, _____ have been informed that I may be eligible for services provided through either a nursing facility or a Home and Community Based Services Medicaid Waiver.

Check One:

- ☐ I have chosen to apply for the Nursing Home Transition and Diversion or Traumatic Brain Injury Medicaid Waiver.
- ☐ I have chosen to apply for Medicaid State Plan Services and/or another Home and Community Based Services Medicaid Waiver.
- ☐ I have chosen **NOT** to apply for services through a Home and Community Based Services Medicaid waiver at this time.

Applicant Signature

Date

Legal Guardian Name (as applicable)

Applicant Signature

Date

Authorized Representative (as applicable)

Applicant Signature

Date

Regional Resource Development Specialist

Applicant Signature

Date