

Department of Health & Human Services
Office of Aging and Disability Services
WAIVER ELIGIBILITY FORM

This form should be used when applying for Section 21 Comprehensive Waiver determination. *It should be completed by the case manager, reviewed by the Supervisor and then submitted to the Resource Coordinator.*

Today's Date:

Application Date:

Date Received:

| | |
|---------------------|--------------------------|
| Member Name: | MaineCare Number: |
|---------------------|--------------------------|

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|--------------------|-------------------------|
| Case Manager Name: | DHHS Region: |
| Phone Number: | Case Management Agency: |
| E-mail Address: | |

Has an Adult Protective Report been filed and recorded in EIS? Yes No (Please explain- specify date of most recent report and provide brief description)

Application Narrative

General Status of Member

Briefly describe the person – include age and relevant diagnoses. Please describe where the person has been living for the past few years. Explain how the person has been living day to day.

Functional Status of Member

Please describe the person's limitations. To be eligible, a member must require the services provided in an ICF/IID Facility as defined in MaineCare Benefits Manual Chapter II, Section 50.

Current Circumstances and Situation

Please describe current circumstances, recent changes, or what is happening that this member requires Waiver services– include actions already taken to address member's need(s), and the outcomes of those efforts. Note current services the person may be receiving. Explain how circumstances have escalated to a health and safety concern, or an Adult Protective Services Report.

Plan for Waiver Services

Please describe the Waiver services recommended by the team. Explain how the services will address these need(s).