### Cabinet for Health and Family Services Department for Medicaid Services

#### APPLICATION FOR MPW WAIVER WAITING LIST

#### **Section 1**

DO NOT leave any information blank in section 1. Applications will be returned if left blank.

Name - Legibly print first, middle and last name of applicant Sex - Check whether the applicant is male or female

Name: First				Sex: $\square$ M $\square$ I
			Last	<u> </u>
Social Security Number: Date of Birth:		Medical Assistance N Phone:	umber:	
Month, Day Year Current Address:				
City		County	State	Zip Code
AddressCity		County	State	Zip Code
Phone:	_ Relationship to	Applicant:	Ex: mother, fathe	
			o diagnosis	



# MAP-621 (2/14) Cabinet for Health and Family Services Department for Medicaid Services

SERVICES THE INDIVIDUAL CURREN	TLY RECEIVES (Check ALL THAT APPI	$\mathbf{Y}$ )
Acquired Brain Injury	Home Health	School Services
☐ Behavior Support	☐ Mental Health Counseling/Medication	☐ Speech Therapy
Case Management	☐ Supported Employment	
☐ Day Program	Occupational Therapy	
EPSDT (if under 21)	☐ Physical Therapy	
☐ Hart Supported Living	Residential	
☐ Home & Community Based Waiver	Respite	
Other Medicaid Services:	_	
Other:		

## Mail or Fax to:

Carewise Health 9200 Shelbyville Road. Suite 800 Louisville, KY 40222

Fax: 1-800-807-7840

