

## Application Packet

The initial Application Packet to become a waiver participant consists of several documents including but not limited to:

1. Initial Service Plan (ISP) (form C1.2) completed and signed by applicant, service coordinator, court appointed guardian ( if applicable) and anyone designated by the applicant to participate in the development of the service ;
2. PRI/SCREEN- completed within 90 calendar days prior to the effective date of the initial Notice of Decision/Authorization or notice date of the Notice of Denial of the Waiver. The PRI and SCREEN must be completed, signed and dated by a certified PRI screener using PRI form dated 12/05 and SCREEN form dated 04/04;
3. Medical documentation of Traumatic Brain Injury (TBI); Supporting documentation must be provided from a hospital, rehabilitation facility, neuropsychologist, neurologist or other qualified professional;
4. Current E-MedNY report documenting proof of Medicaid eligibility for community based long term care services;
5. Completed Application for Participation (form B1.2);
6. Completed Freedom of Choice (form B1.3);
7. Completed Service Coordinator Selection (form B1.4);
8. Completed Provider Selection form (form B1.5)
9. Signed and dated Waiver Participants Rights and Responsibilities (form C1.6 Revised June 2008);
10. Completed Plan of Protective Oversight (PPO) (form C 1.3);
11. Waiver Service Contact List (C1.5);
12. Application and assessments for Environmental Modifications (form C 2.1), Assistive Technology (form C 2.4) and Community Transition Services (form C 2.6) if appropriate;
13. Completed Home Assessment Abstract (form E1) if Home and Community Support Services (HCSS) are requested
14. Any additional documentation requested by the RRDS;
15. For individuals applying for assistance with a housing subsidy the appropriate paperwork must be completed and submitted.