

ACQUIRED BRAIN INJURY (ABI) WAIVER REQUEST FORM

1. Personal Data

Name _____ Social Security # _____

Address _____
No. Street Apt. No.

City State Zip Code

Telephone () Age Date of Birth / /
(month) (day) (year)

☐ Single ☐ Married ☐ Widowed ☐ Divorced

Contact person if other than yourself:

Name _____ Telephone () _____

Address _____
No. Street Apt. No.

City State Zip Code

Relationship (check all that apply) ☐ Conservator of Person ☐ Conservator of Estate
☐ Other (specify) _____

2. ABI Information

Do you have an acquired brain injury? ☐ Yes ☐ No

If Yes, please indicate date of injury / / and diagnosis _____

3. Freedom of Choice - Please read the following and check the box that indicates your choice

- ☐ If possible, I would prefer to live in the community rather than a nursing home or other institutional setting.
- ☐ I would prefer to live in a nursing home or other similar setting.

4. Medicaid (Title 19) and Medicare Information

Please check the blocks that apply to you:

- ☐ I am receiving Medicare benefits (enter claim number) _____
- ☐ I am receiving Medicaid/Title 19 benefits (enter case number) _____
- ☐ I have a Medicaid "Spenddown" (enter case number, if known) _____
- ☐ I have applied for Medicaid benefits but have not received a decision
- ☐ I have not applied for Medicaid benefits

(800) 842-4524.

5. Financial Data

My total monthly income (for example, Social Security, SSI, disability benefits, pension benefits, Workers Compensation, wages, contributions, income from interest or dividends, etc.) is:

<u>Amount</u>	<u>Source</u>
_____	_____
_____	_____
_____	_____

My total assets (for example, cash, bank accounts, IRAs, life insurance, annuities, stocks, bonds, motor vehicles, property, etc.)

<u>Amount</u>	<u>Source</u>
_____	_____
_____	_____
_____	_____

Signature of Applicant

Date

Signature of Conservator or Other Representative

Date

Typed or Printed Name of Conservator or Other Representative

Date

Return This Form To:

**Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Social Work Services
10th Floor**