

SERVICE COORDINATOR SELECTION

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER TRAUMATIC BRAIN INJURY (TBI)

NOTE: This form must be returned to the Regional Resource Development Specialist (RRDS) to continue the waiver application process.

I understand that as an applicant for the Traumatic Brain Injury Medicaid Waiver I must select a Service Coordinator from the attached list of approved Service Coordination Agencies. I have been encouraged to interview these providers prior to making my selection.

I understand that this Service Coordinator will assist me in developing, implementing and monitoring my Service Plan.

I also understand that at any time I may change my Service Coordinator or the Service Coordination Agency and still be eligible for the waiver.

From the approved Service Coordinator Agency list, I have selected the following provider of Service Coordination:

Service Coordination Provider Agency Telephone Service Coordinator selected (if known)

Agency Address

Applicant Name Applicant Signature Date

Legal Guardian Signature (if applicable) Date

Authorized Representative Signature (if applicable) Date

To be completed by the Service Coordination Agency:

Service Coordination Agency _____ will provide Service Coordination to the above named applicant
_____ will not provide Service Coordination to the above named applicant because:

Service Coordinator Signature Date

Service Coordination Supervisor Signature Date

Regional Resource Development Specialist Signature Date