



**THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**

**Request for Medicaid Home and Community-Based Services (HCBS)**

You must receive medicaid to receive waiver services. If you have not applied for medicaid or you have applied in the past but been denied, you must apply at this time.

**Section I: To be completed by the individual or HCBS referring agency:**

(Please Print)

Name (Last, First, MI)	Social Security Number
Address (Apartment #)	Date of Birth
City, State, and Zip Code	Phone Number
Name of authorized representative (Last, First, MI)	Phone Number
Address of authorized representative (Apartment #)	
City, State, and Zip Code of authorized representative	

**Indicate applicable waiver(s) below: (check all that apply)**

<input type="checkbox"/> Ohio Department of Job and Family Services <ul style="list-style-type: none"> <li>• Ohio Home Care Waiver</li> <li>• Other</li> </ul>
<input type="checkbox"/> Mental Retardation/Developmental Disabilities (specify waiver): <ul style="list-style-type: none"> <li>• Individual Options Waiver</li> <li>• Residential Facility Waiver</li> <li>• Level I Waiver</li> <li>• Other</li> </ul>
<input type="checkbox"/> Ohio Department of Aging (specify waiver): <ul style="list-style-type: none"> <li>• PASSPORT Waiver</li> <li>• CHOICES Waiver</li> <li>• Other</li> </ul>
<input type="checkbox"/> Other (specify):

I authorize the County Department of Job and Family Services (CDJFS) and its designees to explore my eligibility for Medicaid coverage of HCBS waiver services.

Signature of Individual requesting medical assistance (or Authorized Representative)		Date
Name of Person who helped complete this form (please print):	Signature of Person who helped complete this form:	Date

**Section II: To be completed by the CDJFS:**

Name of CDJFS Case Worker (please print):	Is the individual currently on Medicaid or have an application for Medical Assistance pending? Yes      No  If yes: CRIS-E Number:  Application Date:
Signature CDJFS Case Worker	
Date Received By CDJFS:	