



**Application for Home- and Community-Based Services Waivers
for Persons with Acquired Brain Injury (ABI)**

Residential Habilitation Waiver

MassHealth use only

Date application received:

____/____/____

ABI WAIVER INFORMATION • 1-866-281-5602 (TTY: 800-596-1746) • ABIINFO@UMASSMED.EDU

The Acquired Brain Injury Residential Habilitation (ABI-RH) Waiver is available through MassHealth for people who have experienced an **acquired brain injury and who have been living in a nursing home or hospital for at least 90 consecutive days**. The ABI-RH Waiver serves MassHealth members who need residential support services. Participants will reside and receive waiver services in provider-owned, staffed settings with supervision 24 hours a day, seven days a week.

Applicant name

Date of birth

Gender M F

Social security number

MassHealth ID number

Telephone number

Facility name

Date of admission

Facility address

Should we contact someone else about your application? Yes No

Contact name

Contact telephone number

Relationship

Contact address

You may choose an authorized representative to help you with some or all of the responsibilities for applying for or getting health benefits. You can do this by filling out a MassHealth Authorized Representative Designation Form (ARD). To request an ARD form, call ABI Waiver Information at 1-866-281-5602 (TTY: 1-800-596-1746 for people who are deaf, hard of hearing, or speech disabled).

By signing this application, I am stating that

- » I currently am in and have been in a nursing facility or chronic disease or rehabilitation hospital for 90 consecutive days or longer;
- » I have an acquired brain injury diagnosis; and
- » I sustained my brain injury at age 22 or older.

Signature of Applicant or Authorized Representative

Date

Send your completed application to:

UMass ABI Waiver Unit
333 South Street
Shrewsbury, MA 01545

Staff at the ABI Waiver Unit will contact you when they have received your application to begin the application process.