**Section 29 Support Waiver Application Form**

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| **Member Legal Name:** Click here to enter text. |  **Date of Birth:**Click here to enter text. |
| **EIS # (If known):** Click here to enter text. | **MaineCare #:**Click here to enter text. |
| **Mailing Address and Telephone Number:** Click here to enter text. |
| **Legal Guardian (s):** Click here to enter text.**Guardian Address:** Click here to enter text. | **Guardian Email Address:** Click here to enter text.**Guardian Phone #:** Click here to enter text. |
| **Case Manager:** Click here to enter text.**CM Agency:** Click here to enter text. | **Case Mgr. Email address:**Click here to enter text.**Case Mgr. Phone #:**Click here to enter text. |
| **Person Completing Form:**Click or tap here to enter text. | **Date Form Completed:**Click or tap to enter a date. |

**Please provide all requested materials:**

1. A signed current **Person-Centered Plan Face Sheet** (**DS Case Managers** – please send both pages) or [**Personal Plan Update**](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Personal-Plan-Update-for-Children%27s-and-Mental-Health-Case-Management%202.12.docx) (**MH or Children’s Case Managers** – signed by Member/Guardian and Case Manager)
2. A completed **DS Support HCB Waiver assessment** (aka BMS-99) in **EIS (DS Case Managers)** or a completed Developmental Services Home and Community Based (HCB Waiver) Assessment (BMS-99) located at: [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Developmental-Services-Home-and\_Community-Based-Waiver-Assessment%20(BMS-99)%202.12.docx](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Developmental-Services-Home-and_Community-Based-Waiver-Assessment%20%28BMS-99%29%202.12.docx) (**MH or Children’s Case Managers**)
3. A completed Yearly Cost Estimate located at: [http://www.maine.gov/dhhs/oads/provider/developmental-services/forms-protocols.html](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Combined%20Calculator%2021%20%2029%20Yearly%20Cost%20Estimate%201.31.xls)

**Complete Application Packets must be sent by email to** **HCBS.Waiver@maine.gov**