

Ohio Department of Medicaid
**REQUEST FOR MEDICAID HOME AND COMMUNITY-BASED
 SERVICES (HCBS) WAIVER**

To request enrollment in a Medicaid home and community-based services (HCBS) waiver, please complete and submit this form to your local county Department of Job and Family Services (CDJFS) office. For information about your local CDJFS office location, call the Medicaid consumer hotline at (800) 324-8680 or visit http://jfs.ohio.gov/County/County_Directory.pdf

You may request a Medicaid HCBS waiver by calling an Ohio Benefits Long-Term Services and Supports (OBLTSS) agency at 1-844-644-6582 in lieu of submitting this form to the CDJFS.

Required fields are marked with an asterisk ().*

Section I: Waiver Requester Information

Date*	Last Name*	First Name*	Middle Initial	
Address (Apartment #)*		City*	State*	Zip Code*
Date of Birth*	Social Security Number*	Phone Number		
Are you currently in receipt of Medicaid? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If no, have you submitted an application for Medicaid? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Section II: Authorized Representative Information (if applicable)

Last Name*	First Name*	Middle Initial		
Address (Apartment #)*	City*	State*	*Zip Code	Phone Number

To be approved for a Medicaid HCBS waiver, you must be enrolled in Medicaid. If you are not currently enrolled in Medicaid, you must apply before you can be approved for a Medicaid HCBS waiver.

- This individual meets the criteria for a priority assessment for Ohio Home Care waiver as described in OAC 5160-46-02.