



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

**Non-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 Non-Residential Habilitation (ABI-N) Waiver is available through MassHealth for people who have experienced an **acquired brain injury and who have been living in a nursing home or chronic disease or rehabilitation hospital for at least 90 consecutive days**. The ABI-N Waiver serves MassHealth members who do **not** need 24-hour services and support. The ABI-N Waiver does not include residential support services. Participants will reside and receive waiver services in their own home or apartment or in the home of someone else.

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).

The ABI-N Waiver serves MassHealth members who have been living in a nursing home or chronic disease or rehabilitation hospital for at least 90 consecutive days.

By signing this application, I am stating that

- » I expect to be in the 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.