

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

Residential Habilitation Waiver

MassHealth use only
Date application received:
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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 chronic disease or rehabilitation 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 nu	mber	
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				
getting health benefits. You can do th	nis by filling out a Mas ver Information at 1-8 abled). h members who have	ssHealth Authorized 366-281-5602 (TTY	the responsibilities for applying for or Representative Designation Form (ARD). : 1-800-596-1746 for people who are rsing home or chronic disease or	
By signing this application, I am stat » I expect to be in the nursing facilit for 90 consecutive days or longer; » I have an acquired brain injury dia » I sustained my brain injury at age	ing that y or chronic disease o	or rehabilitation hos	pital	
Signature of Applicant or Authorized Rep	resentative		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.