

Application for Home- and Community-Based Services Waivers for Moving Forward Plan (MFP)

Community Living Waiver

MassHealth use only					
Date application received:					
/ /					

MFP WAIVER INFORMATION • (855) 499-5109, TTY: (800) 596-1746 • MFPinfo@umassmed.edu

The Moving Forward Plan Community Living (MFP-CL) Waiver is available through MassHealth for people who have been living in a nursing facility or chronic disease, rehabilitation, or psychiatric hospital for **at least 90 consecutive days**. The MFP-CL Waiver serves MassHealth members who do not need 24-hour services and support. The MFP-CL 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	What was your sex assigned at birth? M F					
Social Security number						
MassHealth ID number						
Preferred language Applicant telephone number						
Facility name			Date of admission			
Facility address						
Should we contact someone else about your application? Yes No						
Who or what agency referred you to this program?						
Contact name						
Contact telephone number	ationship					
Contact address		,				
You may choose an authorized representative to help you apply for or get health benefits. You can do this by filling out a MassHealth Authorized Representative Designation Form (ARD) form. To request an ARD form, call MFP Waiver Information at (855) 499-5109, TTY: (800) 596-1746 or email MFPinfo@umassmed.edu .						
The MFP-CL Waiver serves MassHealth members who have been living in a nursing facility or chronic disease, rehabilitation, or psychiatric hospital for at least 90 consecutive days.						
By signing this application, I am stating that						
» I expect to be in the nursing facility or chro» I have a disability, or I am age 65 or older.	nic dise	ease, rehabilitation, or ps	ychiatric hospital for 90 co	onsecutive days or longer; and		
Signature of Applicant or Authorized Representativ	re			Date		

Send your completed application to

Waiver Unit

UMass Chan Medical School

PO Box 2635

Worcester, MA 01613

Staff at the MFP Waiver Unit will contact you to begin the application process when they receive your application.