# REGISTRATION FORM – HOME AND COMMUNITY BASED WAIVERS AND INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

**Date of Registration:**

*For official use only*

*DDSD staff entering registration in CR:*

*Region:* ☐METRO ☐NERO ☐NWRO ☐SERO ☐SWRO

date stamp

**Waiver or ICF/IID Options** *(check all that apply)*

☐ Developmental Disabilities (DD) or Mi Via Waivers

☐ Medically Fragile Waiver

☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

## APPLICANT INFORMATION

| *Name – Last* | *First* | *Middle Initial* | SEX ☐ M ☐ F | *Date of Birth* / *Social Security Number* |
|---|---|---|---|---|
| *Street Address* | *City* | *State* | *Zip Code* | *Telephone Number* |
| *Mailing Address (if different from street address)* | *City* | *State* | *Zip Code* | *County Residence* |

*County in which services are requested (if different from residence)*

*Tribal Census Number (if applicable):*

First time applying? ☐ Yes ☐ No ☐ Don't know

Currently receiving Medicaid? ☐ Yes ☐ No

Currently receiving SSI/SSDI? ☐ Yes ☐ No

*Developmental Disability and age of onset*

*Name and relationship of individual submitting registration form*

## 1. LEGAL REPRESENTATIVE INFORMATION*

☐ Parent ☐ Legal Guardian ☐ Power of Attorney ☐ Agency

*Anyone other than the parent(s) of a minor child MUST include copies of documents that provide evidence of legal authority to act on behalf of the applicant.

| *Name – Last* | *First* | *Agency Name (if corporate guardian)* | | |
|---|---|---|---|---|
| *Street Address* | *City* | *State* | *Zip Code* | *Primary Telephone Number* |
| *Mailing Address (if different from street address)* | *City* | *State* | *Zip Code* | *Other Number* |

## 2. AUTHORIZED REPRESENTATIVE OR ALTERNATIVE CONTACT*

*Please ensure that an Authorization for Release of Information is provided for this person.

| *Name – Last* | *First* | *Relationship to applicant:* | | |
|---|---|---|---|---|
| *Street Address* | *City* | *State* | *Zip Code* | *Primary Telephone Number* |
| *Mailing Address (if different from street address)* | *City* | *State* | *Zip Code* | *Other Number* |

***Si necesita ayuda o información en español, por favor llámenos al numero 1-800-283-5548.***

***If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in registration or services, please call us at 800-283-5548 or, through the New Mexico Relay System TDD, at 1-800-659-8331.***