**Medicaid Waiver Slot Request/Change/Termination Form**

INDIVIDUAL’S NAME

SUPPORT COORDINATOR

TCM PROVIDER

COUNTY OF RESIDENCE

DMH ID       SLOT NUMBER       REGIONAL OFFICE

CURRENT WAIVER TYPE

TERMINATION REASON

LAST DATE OF BILLING FOR CURRENT WAIVER Click here to enter a date.

NEW WAIVER TYPE

COMMENTS

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DMH USE ONLY

Due Process letter needed?  Date Sent: Click here to enter a date.

Regional Office Director: