Living at Home Waiver Program

Providing community services and supports to enable people with physical disabilities to live in their own home.

Participant Application Request Form

Please complete the following fields for the applicant:

First Name _____ MI _____ Last Name _____

MA# (if, applicable) _____ Date of Birth _____

Name of Nursing Facility (if, applicable) _____

Address of Nursing Facility _____

City _____ State _____ Zip Code _____ Phone # _____

If you are requesting the application on behalf of someone please complete the following fields:

First Name _____ MI _____ Last Name _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip Code _____ Daytime Phone # _____

Please fax your request to 410-333-6547.

You will be contacted regarding the status of your request.