

MA INITIAL/RENEWAL INFORMATION SHEET
CIP-1A, CIP-1B, CIP-II, OR COP-W

To be completed by the Case Manager and sent to the Economic Support

Attach this Completed Form to "Request for Assistance Form" or submit at time of review to consumer's assigned ESS or mail completed form to STEP Unit, 1819 Aberg Ste D 53704 and Fax 242-7410

1. Date of referral from case manager to Economic Support: if ongoing case please use today's date
 2. Applicant Name: _____ SSN: _____
Address: _____ Phone no. _____
Marital Status: Single _____ Married: _____
 3. Contact Person, phone # & complete address _____

 4. Case Manager (name and phone #) _____
 5. Case Manager wants to receive copy of consumer's mail Yes _____ No _____
 6. Type of MA Waiver: CIP 1A _____ CIP II or COP-W _____ Partnership _____
CIP 1B _____ Dual Waiver _____ PACE _____ Brain Injury Waiver _____
Nursing Home Relocation _____ Diversion Slot _____

 7. Anticipated Waiver Start Date or Actual Start Date if PACE/Partnership _____
 8. Level of Care _____ (SNIF, ICF, of CNF)
 9. Community Waiver Functional Eligibility? Yes _____ No _____

 10. Monthly medical/remedial expenses for Group B or Group C applicant: _____
 - For Group B these are items and services not covered by MA that are paid by the participant.
 - For Group C, in the addition to the above, any expenses that would be covered by the Waiver or COP, such as case management, home delivered meals, would be included. Do not include health insurance premiums or CBRF/AFH room/board cost.
 11. Monthly MA card coverable expenses for Group C Applicant _____
 12. Monthly medical/remedial expense for Group C cost share _____
 13. Group B and living in an AFH or CBRF. Shelter Cost _____
(Shelter Cost = Rent/Mortgage, Property Taxes, Insurance, Building & Grounds/Maintenance Repairs, Resident's furnishings, Household supplies needed by the facility for inside maintenance & upkeep, and Utilities. "General rule of thumb:" is to subtract the food, phone & cable cost from the Room/Board rate.)
 14. Living Arrangement: _____ Adult Family Home _____ CBRF
_____ Living in own home or apartment _____ Adult Foster Home
_____ Residential Care Apt. Complex
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