

VARIANCE REQUEST – WAIT LIST

A variance request is required in order to receive an exception to the Medicaid Home and Community-Based Waiver wait list policy.
Use of this form is optional.

Name – Applicant	Date of Request
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Potential Funding Source (Check one)

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> COP – W | <input type="checkbox"/> CIP IA | <input type="checkbox"/> CLTS DD |
| <input type="checkbox"/> CIP II | <input type="checkbox"/> CIP IB | <input type="checkbox"/> CLTS PD |
| <input type="checkbox"/> BIW | | <input type="checkbox"/> CLTS SED |

Name - Agency and Care Manager / Support and Service Coordinator
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Detail reason applicant should receive variance to statewide waitlist policy:

Submit variance request to:		
<ul style="list-style-type: none"> • COP-W / CIP II – Kimberly Schindler (BLTS) • CIP 1A / 1B – Community Integration Specialist (CIS) • CLTS – Children’s Services Specialist (CSS) 		

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	SIGNATURE – Authorized BLTS Representative	Date Approved/Denied
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