## Department of Health and Human Services Bureau for Family Centered Services Waiver for Services

## Request for Waiver to He-M 520 (SMS) or He-M 523(PIH)

| Request Date:           |                           |                               |                   |
|-------------------------|---------------------------|-------------------------------|-------------------|
| Request for (Check one) | waiver is.                | Initial                       | Renewal           |
| Name:                   | Last Name                 | First Name                    | MI                |
| Address:                |                           |                               |                   |
| Phone: Date of Birth    |                           |                               |                   |
| a waiver is He-M        | being sought:             | 20 (SMS) or He-M 523 (PIH)) s |                   |
|                         |                           |                               |                   |
|                         |                           |                               |                   |
|                         |                           |                               |                   |
|                         |                           |                               |                   |
| What altern             | native is proposed to sa  | tisfy regulatory intent?      |                   |
|                         |                           |                               |                   |
|                         |                           |                               |                   |
| Individual/Gu           | ardian Signature          |                               | Date of Signature |
| Printed Nar             | me:                       |                               |                   |
| Relationshi             | p to Applicant:           |                               |                   |
|                         |                           |                               |                   |
| Signature of A          | Authorizing Administrator |                               | Date of Signature |
| Approved I              | Dates of Waiver: Begin    | Date:End l                    | Date:             |