## HABILITATION SUPPORTS WAIVER (HSW) APPLICANT WORKSHEET Michigan Department of Health and Human Services

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Name		Medicaid ID #		WSA ID #
PIHP	CMH/MCPN		County	
For Initial Enrollment Only				
Age off CWP (age 18) Age off State Plan		PDN (age 21)	At imminent risk of ICF/IID	
HSW Services – Specified in the IPOS				
Enhanced Medical Equipment & Supplied		Enhanced Pharmacy		
Overnight Health and Safety Support		Fiscal Intermediary		
Environmental Modifications		DN (21+)		
Family Training		Respite Care		
Goods and Services (s-d only)		PERS		
Non-Family Training				
Habilitative Services				
Community Living Supports		Prevocational Services		
Out of Home Non-Voc Habilitation		Supported Employment		
Measurable Habilitative Outcomes (Abbreviations acceptable). Do not enter "See IPOS/Highlight Areas"				
1				
IPOS Start Date		Signature on the		
		U Written Signa	lure	
Signature by	arent of minor	Both		