W-1130
(Rev. 7/16)

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

ACQUIRED BRAIN INJURY (ABI) WAIVER REQUEST FORM

1. Personal Data

Name_____ Social Security #_____

Address_____
No. Street Apt. No.

_____
City State Zip Code

Telephone(_____)_____ Age_____ Date of Birth_____
(month) (day) (year)

☐ Single ☐ Married ☐ Widowed ☐ Divorced

Contact person if other than yourself:

Name_____ Telephone ___(_____)_____

Address_____
No. Street Apt. No.

_____
City State Zip Code

Relationship (check all that apply) ☐ Conservator of Person ☐ Conservator of Estate
☐ Other (*specify)*_____

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2. ABI Information

Do you have an acquired brain injury? ☐ Yes ☐ No

If Yes, please indicate date of injury_____ and diagnosis _____

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3. Freedom of Choice - Please read the following and check the box that indicates your choice.

☐ If possible, I would prefer to live in the community rather than a nursing home or other institutional setting.

☐ I would prefer to live in a nursing home or other similar setting.

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4. Medicaid (Title 19) and Medicare Information

Please check the blocks that apply to you:

☐ I am receiving Medicare benefits (enter claim number) _____
☐ I am receiving Medicaid/Title 19 benefits (enter case number) _____
☐ I have a Medicaid "Spenddown" (enter case number, if known) _____

☐ I have applied for Medicaid benefits but have not received a decision
☐ I have not applied for Medicaid benefits

5. Financial Data

My total monthly income (for example, Social Security, SSI, disability benefits, pension benefits, Workers Compensation, wages, contributions, income from interest or dividends, etc.) is:

Amount	**Source**

My total assets (for example, cash, bank accounts, IRAs, life insurance, annuities, stocks, bonds, motor vehicles, property, etc.)

Amount	**Source**

Signature of Applicant _____ Date _____

Signature of Conservator or Other Representative _____ Date _____

Typed or Printed Name of Conservator or Other Representative _____ Date _____

Return This Form To:

Department of Social Services
55 Farmington Avenue
Hartford, CT 06105-3730

Attention: Community Options Unit
9th Floor

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.