



Home- and Community-Based (HCBS) Waiver Request
(For current Medicaid recipients only!)

Applicant Information

Form with fields: First Name, Middle Name, Last Name; Home Address; Phone Number; City; State; Zip Code; County; Birth Date; Social Security Number; Case Number; State ID; Worker ID/Name

Please check the waiver(s) you would like to apply for:

- AIDS / HIV Waiver
Brain Injury (BI) Waiver
Elderly Waiver (EW)
Health and Disability (HD) Waiver
Intellectual Disability (ID) Waiver
Physical Disability (PD) Waiver
Children's Mental Health (CMH) Waiver

Signature of Applicant or Contact (e.g., Parent, POA, Guardian) Date

Contact Information

Form with fields: First Name, Middle Name, Last Name; Address; Phone Number; City; State; Zip Code; County

Iowa Department of Health and Human Services
Facility and Waiver Eligibility Team - Imaging Center 1
417 E Kaneshville BLVD
Council Bluffs, IA 51503
Fax: 515-564-4040
Email: facilities@dhs.state.ia.us