



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## HOME AND COMMUNITY BASED (HCBS) WAIVER REQUEST (for current Medicaid recipients only!)

### APPLICANT INFORMATION

First Name, Middle Name, Last Name			
Home Address			Phone Number
City	State	Zip Code	County
Birth Date		Social Security Number	

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

- AIDS / HIV Waiver
- Brain Injury (BI) Waiver
- Elderly Waiver (EW)
- Health & 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

First Name, Middle Name, Last Name			
Address			Phone Number
City	State	Zip Code	County

**For Office Use Only- DHS State ID #** \_\_\_\_\_

Iowa DHS / Western Iowa Service Area (WISA)  
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