



HEALTH CARE  
AUTHORITY

# REGISTRATION FORM

## HOME AND COMMUNITY BASED (HCBS) WAIVERS

For official use only  
Effective 11/6/24  
  
date  
stamp

Please select one or both:  Medically Fragile Waiver  Mi Via Waivers

Developmental Disability and Age of Onset:

### APPLICANT INFORMATION

Name – Last First Middle Initial SEX  M  F Language Preference: Date of Birth

Street Address City State Zip Code Social Security Number

Mailing Address (if different from street address) City State Zip Code Telephone Number

County of Residence County in which services are requested (if different from residence) E-mail Address

First time applying?  Yes  No  Don't know Currently receiving Medicaid?  Yes  No

Name and relationship of individual submitting registration form:

### 1. LEGAL REPRESENTATIVE INFORMATION\*

Parent  Legal Guardian  Power of Attorney  Agency

\*Anyone other than the parent(s) of a minor child MUST include copies of documents that provide evidence of legal authority to act on behalf of the applicant.  
Name – Last First Agency Name (if corporate guardian)

Street Address City State Zip Code Primary Telephone Number

Mailing Address (if different from street address) City State Zip Code E-mail Address

### 2. AUTHORIZED REPRESENTATIVE OR ALTERNATIVE/EMERGENCY CONTACT\*

\*Please ensure that an Authorization for Release of Information is provided for this person.  
Name – Last First Relationship to applicant:

Street Address City State Zip Code Primary Telephone Number

Mailing Address (if different from street address) City State Zip Code Other Number

Si necesita ayuda o información en español, por favor llámenos al número 1-505-328-6081.  
If you are a person with a disability and you require this information in an alternative format or require special accommodation to participate in registration or services, Please call 1-800-283-8415. **Once completed please fax the form to 505-841-2987 or mail it to 5300 Homestead Rd NE, Suite 226, Albuquerque, NM 87110**

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Registration Date: Staff completing registration: Initials & Date: Staff entering registration in CR: Initials & Date: Region: NWRO METRO NERO SERO SWRO