

Mi Via Waiver Self-Imposed Moratorium Form

Provider Agency Name: _____ Contact Name: _____

Provider #: _____ Email: _____

Phone #: _____ Fax #: _____

Add to SFOC	Remove from SFOC	Mi Via	Region(s)

Circumstances substantiating the need for a self-imposed moratorium:

- Agency has lost key staff.
- Temporary economic issues that impact the agency’s ability to accept new waiver individuals.
- Staff illness or physical disability affecting the ability of the agency staff to travel long distances.
- Agency has accepted a large number of individuals into service within a short period of time.
- Other (please describe):

FOR DDS USE ONLY:

This Request is:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions*	<input type="checkbox"/> Denied
Effective Date:	
End Date (if applicable):	
Approved or Denied by:	

***Approved with the following conditions:**

Mi Via Team	Date Out	Date Returned	Approved	Denied	No Response	Comments

Please email your request to Tammy.Barth@doh.nm.gov or Theodore Jackson@doh.nm.gov