



Waiver Programs
Texas Department of Mental Health and Mental Retardation

WAIV-Packet

Enrollment Packet Checklist (Action Code L03)

Rev. 2/03

Action

Add:

Change:

Delete:

Last Name/

Client ID

Suffix

Local Case Number

First Name

Component

Middle Name

Medicaid Number

Services Begin Date

MM DD YYYY
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IPC Non Waiver Services (3608A)

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Freedom of Choice Form

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Adaptive Aids Assessment/Bid

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Minor Home Modifications Assessment/Bid

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Person Directed Plan/SMRF Community Living Plan

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Completed By: _____

Date: _____