



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR
DES MOINES SERVICE AREA
PAT PENNING, SERVICE AREA MANAGER

REQUEST FOR ELDERLY WAIVER

(Already a Medicaid/T-19 recipient)

I, _____, am currently a Medicaid/Title 19 recipient and would like to request services through the Elderly Waiver Program.

NAME:

ADDRESS:

PHONE #:

SSN:

TITLE 19 #:

Note to Consumer:

Please read enclosed elderly waiver informational package, and return this request to receive Elderly Waiver Services.

Signature

Date

RIVER PLACE OFFICE
2309 Euclid Avenue
Des Moines, IA 50310-5703
Phone 725-2600 Fax 725-2899

CARPENTER OFFICE
1900 Carpenter
Des Moines, IA 50314-1309
Phone 286-3555 Fax 286-2132

EAST OFFICE
1740 Garfield
Des Moines, IA 50316-2646
Phone 286-3270 Fax 286-3383

POLK COUNTY OFFICES