

# Request for Long-Term Care Medical Services

Colorado Department of  
Health Care Policy and  
Financing



**This form is not a Medicaid application**

Long-Term Care medical services can help you on a regular basis with some or all of daily self-care such as bathing, dressing, eating, getting around and using the bathroom.

Long-Term Care services can be received in a place like a nursing facility or at home through the Home and Community-Based Service Waivers also known as HCBS.

**Please check all the boxes that describe you:**

- ☐ I get Medicaid
- ☐ I get Supplemental Security Income (SSI) or Old Age Pension (OAP)

**Please check the box for the service you need:**

- ☐ I need to go into a nursing facility
- ☐ I need help in my home (HCBS)

**If you currently get Medicaid**, please complete the rest of this form and give to your county department of human/social services. You may be required to submit additional income and asset documents. If you are under age 65 and have not had a disability determined by Social Security, please also complete the Medicaid Disability Application [Colorado.gov/hcpf](http://Colorado.gov/hcpf).

**If you do not currently get Medicaid**, a full application **is** required. You cannot apply with this form. Please complete the Application for Medical Assistance at [Colorado.gov/hcpf](http://Colorado.gov/hcpf) and give to your county department of human/social services.

Print Your Name (first, middle, last)		Date of Birth	Phone Number	
Authorized Representative Name (first, middle, last)		Relationship	Authorized Rep Phone	
Your Home Address	City/Town /Post Office	State	Apt. #	Zip Code
Your Signature	Your Social Security #	Signature of Authorized Rep		
Date Signed (mm-dd-yyyy)	Name of eligibility worker		Phone number	
CBMS Number	Person who received form		Date Stamp Received	
	Circle Form received by:    phone    mail    fax person			