



# Request for Services by Legally Responsible Individuals

1-866-786-4999 (toll-free) • [www.MiViaNM.org](http://www.MiViaNM.org)

**Mi Via Self-Directed Medicaid Waiver Program** services provided by a legally responsible individual MUST be justified, in writing, and submitted for approval along with the Service and Support Plan (SSP) and Budget.

Legally responsible individuals may include biological or adoptive parents of participants under age 18, and spouses of adult participants. Legally responsible individuals may be paid for waiver services under extraordinary circumstances in order to assure the health and welfare of the participant and avoid institutionalization. Legally responsible individuals must complete an employee packet and must successfully complete a background check. Examples of extraordinary circumstances include:

- The documented inability of the legally responsible individual to find other qualified, suitable caregivers during the time when the legally responsible individual would otherwise be absent from the home; therefore, the legally responsible individual must stay at home to ensure the participant's health and safety; and
- The legally responsible individual has special skills and abilities that enable him/her to meet the unique needs of the participant.

## PLEASE COMPLETE THE FOLLOWING:

**Mi Via** Participant Name \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_ Medicaid Card ID # \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Employee Name \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to **Mi Via** Participant \_\_\_\_\_

Please describe the extraordinary circumstances of your situation that lead you to make this request. Attach additional pages as needed.

\_\_\_\_\_  
\_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Legally Responsible Individual Signature \_\_\_\_\_ Date \_\_\_\_\_

### CDPC/Lovelace Office Use Only

Plan Development Date \_\_\_\_\_ Consultant Name \_\_\_\_\_

Approved  Denied Note \_\_\_\_\_

Lovelace Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_