Freedom of Choice NEW YORK STATE DEPARTMENT OF HEALTH Division of Long Term Care Home And Community Based Services Medicaid Waiver Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) NHTD have been informed that I may be eligible for services provided through either a nursing facility or a Home and Community Based Services Medicaid Waiver. **Check One:** I have chosen to apply for the Nursing Home Transition and Diversion or Traumatic Brain InjuryMedicaid Waiver. I have chosen to apply for Medicaid State Plan Services and/or another Home and Community Based Services Medicaid Waiver. I have chosen NOT to apply for services through a Home and Community Based Services Medicaid waiver at this time. **Applicant Signature** Date Legal Guardian Name (as applicable) **Applicant Signature** Date Authorized Representative (as applicable) **Applicant Signature** Date Regional Resource Development Specialist **Applicant Signature** Date