



## Upper Peninsula Commission for Area Progress

[www.upcap.org](http://www.upcap.org)

"Providing guidance and support to U.P. residents since 1961"

Date:

RE: Mi-Choice Waiver Participant

Name:

DOB:

Attached is the assistance application for a potential Mi-Choice Waiver participant. This participant was assessed on \_\_\_\_\_ and found medically eligible for services. Please process the attached application for Medicaid for enrollment into the Mi-Choice Waiver program.

If you have any questions, please feel free to call at \_\_\_\_\_

Sincerely,

Supports Coordinator

Enclosure(s)

- Signed consent and authorization