



**Brain Injury Association of NM**  
121 Cardenas NE, Albuquerque, NM 87108  
292-7414, 1-888-292-7415  
505 271-8983 (fax)

## Applicant Face Sheet

Applicant Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Directions: \_\_\_\_\_

### Financial Eligibility:

ISD Case Worker: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

ISD Appointment Date: \_\_\_\_\_

Documentation Gathered and Submitted:

Birth Certificate DOB: \_\_\_\_\_ Medicaid Card # \_\_\_\_\_

Social Security Card/no.: \_\_\_\_\_ Picture ID Type: \_\_\_\_\_

Bank Statements: \_\_\_\_\_ Other Pertinent Docs: \_\_\_\_\_

### Medical Eligibility

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date ICD 9 form submitted to Physician: \_\_\_\_\_

Date ICD 9 form submitted to Molina/ BIANM: \_\_\_\_\_

Date of current History & Physical: \_\_\_\_\_

Scheduled date of History and Physical (if applicable): \_\_\_\_\_

Date of LOC Assessment submitted to Physician: \_\_\_\_\_

Date of LOC Assessment submitted to Molina/BIANM: \_\_\_\_\_

Other Pertinent Documentation obtained to submit to Molina:  
\_\_\_\_\_

Nursing Assessment Date: \_\_\_\_\_ SSP/Budget Meeting Date: \_\_\_\_\_