

1 CLIENT ID	2 CLIENT NAME, LAST	FIRST	MI
3 CLIENT SOCIAL SECURITY NO.	4 DATE OF BIRTH	5 COUNTY	6 COUNTY CASE NO
		6A FED TRIBE	7 OTHER

B. Service Plan

8 DECISION	9 SERVICES REQUESTED	10 SERVICE CODE	11 DATE REQUESTED	12 DATE TERMINATED	13 REASON	14 SPECIAL USE

C. Notice of Action Taken

You will be able to receive the service which is marked "Yes" beginning _____ through _____

After _____ You will not be able to receive the service which is marked "No" because _____
_____ The policy we followed is found _____

The service which is marked "Change" which you have been receiving will be _____

You will have to pay a fee for following services: You have agreed to contribute to the cost of the following services:

Service _____ Fee Amount _____ per _____ starting _____

D. Purchase of Service

The provider is authorized / no longer authorized to claim reimbursement for _____ Beginning _____
Provider _____ Provider ID _____

Client Address: _____ Funding source(s) _____

Client Phone: _____

The provider is responsible for collecting the consumer contribution:
Amount _____ per _____ Starting _____

E. Income Information	
INCOME TYPE	INCOME AMOUNT
_____	_____ PER _____
_____	_____ PER _____
_____	_____ PER _____
NO. IN INCOME UNIT	DECLARATION METHOD <input type="checkbox"/>
<input type="checkbox"/>	VERIFICATION METHOD <input type="checkbox"/>

F. Social Worker's Signature _____ Date _____

G. If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.

By signing below, you are saying that you have given correct and complete information. Date of signature _____

Signature _____ Witness _____

COMMENTS:

H. Client Information

15 CASE MANAGER NAME, LAST	FI	MI	16 CASE MANAGER NO.	17 LOCAL USE	18 STATE USE
19 SPECIAL AREAS	20 REASON	21 LEGAL STATUS	22 LIVING ARR.	23 SEX	24 RACE
				25 IN SCHOOL	26 HIGHEST GRADE
				27 LANG	28 SE 29 RD