

A. Client Identifying Information

1 CLIENT ID		2 CLIENT NAME, LAST				FIRST	MI
3 CLIENT SOCIAL SECURITY NO.		4 DATE OF BIRTH	5 COUNTY	6 COUNTY CASE NO.	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 _____ 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	EDUCATION 25 IN SCHOOL 26 HIGHEST GRADE	27 LANG