**Multnomah County Aging, Disability & Veterans Services Division**

**Family Caregiver Support Program**

**In-Home Service Authorization**

|  |  |
| --- | --- |
| **ACTION** | **DISTRICT CENTER** |
| [ ]  New[ ]  Change | [ ]  Add Service[ ]  Close | [ ]  Reauthorize | [ ]  EC[ ]  NH | [ ]  ME[ ]  NE | [ ]  PT |
|  |  |  |  |  |  |
| **FAMILY CAREGIVER INFORMATION** |
| First Name:       | Last Name:       | Prime #       |
| Address:       | City:       | State: OR | Zip:       |
| Date of Birth:       | Phone #:       | Other Info.:       |
|  |  |  |
| **CARE RECIPIENT INFORMATION** |
| First Name:       | Last Name:       | Prime #       |
| Address:       | City:       | State: OR | Zip:       |
| Date of Birth:       | Phone #:       | Other Info.:       |
| Emergency Contact:       | Phone #:       |
|  |  |
| **INTERMITTENT IN-HOME SERVICES** |
| Agency Provider Name:       |
| Award Start Date:       | Award End Date:       |
| **Client will schedule services as needed with Provider.** |
|  |
| **Notes (service detail):**       |
|  |
| ***Client is authorized for a total of***$ ***for services provided during award period.*** |

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| --- | --- | --- |
| Case Manager Name:       | CM email:       | CM phone:       |
| Supervisor:       | Date:       |