

# In-Home Service Authorization



ACTION		ADVSD	DISTRICT CENTER		ENHANCING EQUITY AGENCY	
<input type="checkbox"/> New	<input type="checkbox"/> Add Service	<input type="checkbox"/> CS	<input type="checkbox"/> FH	<input type="checkbox"/> ME	<input type="checkbox"/> AS	<input type="checkbox"/> GG
<input type="checkbox"/> Change	<input type="checkbox"/> Reauthorize		<input type="checkbox"/> NE	<input type="checkbox"/> EC	<input type="checkbox"/> PH	<input type="checkbox"/> UL
<input type="checkbox"/> Close			<input type="checkbox"/> PT		<input type="checkbox"/> IR	

**FAMILY CAREGIVER INFORMATION**

First Name:		Last Name:		Prime #	
Address:			City:	State:	Zip:
Date of Birth:	Phone #:	Other Info:			

**CARE RECIPIENT INFORMATION**

First Name:		Last Name:		Prime #	
Address:			City:	State:	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.**

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

District Centers: FH = Friendly House • NE = Hollywood SC & Urban League-DC (NNE Consortium) • PT = Impact NW • ME = IRCO • EC = YWCA  
 Enhancing Equity Agencies: AS = Asian Health & Service Center • PH = El Programa Hispano • IR = IRCO-EE • GG = SAGE • UL = Urban League-EE

