Courage Kenny Rehabilitation Institute	**Waiver Service Request Form**

Fax to 612-262-6726 with client's current CSSP, IAPP, and other relevant records. Thank you.

CLIENT NAME:	**DOB:**
Phone:	2ND Phone:
Address (include apartment number)	
Scheduling Contact:	Phone:
Emergency Contact:	Phone:
Guardian/Conservator of Person:	*Please send any guardianship papers*
Guardian email:	Guardian Phone:
Marital Status (circle): Married Single Widowed Divorced Separated	(Circle): Female Male
RACE/ETHNICITY*:	*Primary Language:

**Because we're partially funded by United Way we ask for race, ethnicity & primary language for reporting of annual statistics.*

CASE MANAGER:	**Phone**:	**Fax**:
CASE MANAGER email:		
County (CFR) **and** CM Agency:		**Client MA #:**
Other Insurance:		Medicare #:
PMAP Product and Co. (SNBC, MSHO, Etc.):		
Waiver: (Circle One) BI CADI AC CAC EW DD MSHO		

PRIMARY PHYSICIAN: (first and last name)

Primary Clinic:	Phone:

CLIENT'S PRIMARY DIAGNOSIS:	**Onset Date:**
All Other Diagnoses:	
Special Medical Concerns:	
Criminal History? (Yes or No)	
GOALS for Services (or Comments):	

SERVICES REQUESTED

- ❑ **Individualized Housing Option** (IHO) (Program will contact you to discuss further)
- ❑ **Housing Access Coordination** (H2015, CADI/BI/DD/CAC)
- ❑ **Independent Living Skills** Individual Services (H2032-TF, CADI/BI)
  - Number of ILS Hours Requested: **W**eekly _____ **M**onthly _____
- ❑ **Driver Assessment and Training:**
  - ☐ Assessment to identify adaptive driving needs (T2039-UD, CADI/CAC/BI/DD)
  - ☐ Training in the use of adaptive driving equipment (T2039-UD, CADI/BI/CAC/DD)
- ❑ **Behavioral Services**
  - ☐ Behavioral Professional Assessment (H0025-TG, usually 6 hrs, CADI/BI) (T2013 for DD waiver): _____
  - ☐ Analyst Hours Requested (H0025, BI/CADI) (T2013 for DD waiver): _____
  - ☐ Behavioral Professional Hours (H0025-TG, BI/CADI) (T2013 for DD waiver): _____
- ❑ **Assistive Technology Needs Assessment** (T2029-UD, CADI/BI/CAC/DD)