

**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.

<b>CLIENT NAME</b>	<b>DOB</b>
Phone	2 <sup>ND</sup> Phone
Address (include apartment number)	FOR ILS/BEH/HAC REFERRALS Is there a pet in the home?
Marital Status	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____
Primary Language	Needs Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian	Phone
Guardian Address	Guardian Email
Scheduling Contact	Phone
Emergency Contact	Phone

<b>CASE MANAGER</b>	<b>Phone</b>	<b>Fax</b>
Case Manager Email		County (CFR)
Case Manager Agency		<b>Client MA #</b>
Other Insurance		Medicare #
Waiver Type (BI / CADI / AC / CAC / DD / MSHO / EW)		

<b>PRIMARY PHYSICIAN</b> (first and last name)	
Primary Clinic	Phone

<b>CLIENT'S PRIMARY DIAGNOSIS</b>	<b>Onset Date</b>
Other Diagnoses	
Special Medical Concerns	
Criminal History?	

<b>GOALS</b> for Services (or Comments):

<b>SERVICES REQUESTED</b>
<input type="checkbox"/> <b>Housing Access Coordination</b> (H2015 UB [Plan], CADI/BI/CAC/DD)
<input type="checkbox"/> <b>Independent Living Skills</b> Individual Services (H2032-TF, CADI/BI/CAC/DD) Number of ILS Hours Requested <b>Weekly</b> _____ <b>or Monthly</b> _____
<input type="checkbox"/> <b>Driver Assessment and Training</b> <input type="checkbox"/> Assessment to identify adaptive driving needs (T2039-UD, CADI/BI/CAC/DD) <input type="checkbox"/> Training in the use of adaptive driving equipment (T2039-UD, CADI/BI/CAC/DD)
<input type="checkbox"/> <b>Positive Support Services</b> (Behavioral Services) <input type="checkbox"/> Professional Assessment (H2019-TG, usually 6 hours; CADI/BI/CAC/DD): _____ <input type="checkbox"/> Analyst Hours Requested (H2019, CADI/BI/CAC/DD): _____ <input type="checkbox"/> Professional Hours (H2019-TG, CADI/BI/CAC/DD): _____