

**Courage Kenny
Rehabilitation Institute
DRIVER ASSESSMENT & TRAINING**

Waiver Service Request Form

Fax to 612-262-6728 with client's current CSSP, IAPP, and other relevant records. Thank you.

CLIENT NAME:	DOB:
Phone:	2 ND Phone:
Address (include apartment number)	
Scheduling Contact:	Phone:
Emergency Contact:	Phone:
Guardian/Conservator of Person:	<i>Please send any guardianship papers</i>
Guardian email:	Guardian Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Female <input type="checkbox"/> Male
RACE/ETHNICITY*:	*Primary Language:
<i>*Because we're partially funded by United Way we ask for race, ethnicity & primary language for reporting of annual statistics.</i>	

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 Type: <input type="checkbox"/> BI <input type="checkbox"/> CADI <input type="checkbox"/> AC <input type="checkbox"/> CAC <input type="checkbox"/> DD <input type="checkbox"/> MSHO <input type="checkbox"/> EW <input type="checkbox"/> CDCS - Agency:		

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
Driver Assessment and Training: T-2039 UD
<input type="checkbox"/> Assessment to identify adaptive driving needs
<input type="checkbox"/> Assessment to identify adaptive equipment needs for passenger only
<input type="checkbox"/> Training in the use of adaptive driving equipment (must have had an assessment first)

COURAGE KENNY REHABILITATION INSTITUTE Phone 612-262-7855
245D License: 1072543-1-HCBS NPI: 1275577215 Taxonomy code: 385H00000X

CKRI will schedule services once we have received the service agreement.