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| **Courage Kenny** **Rehabilitation Institute** | **Driver Assessment and Training Request Form**  |
| **Please FAX this form to 612-262-6728. 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 order* |
| 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 Company (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** |
|  **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) |
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| **COURAGE KENNY REHABILITATION INSTITUTE DRIVER ASSESSMENT Phone 612-262-7855** **245D License: 1072543-1-HCBS NPI: 1275577215 Taxonomy code: 385H00000X**  |