**MULTNOMAH COUNTY AGING AND DISABILITY SERVICES:** **FAMILY CAREGIVER PROGRAM**

**IN-HOME SERVICE AUTHORIZATION**

**ACTION** **DISTRICT CENTER**

New Stop Service Add Service EC NE PT

Change Close Reauthorize FH DT UL

ME NW YW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY CAREGIVER INFORMATION** | | | | |
| First Name | Last Name | Prime # | SS# | |
| Address | | City | State | Zip |
| Birth date | | Phone # | Other Info. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CARE RECIPIENT INFORMATION** | | | | |
| First Name | Last Name | Prime # | SS# | |
| Address | | City | State | Zip |
| Birth date | | Phone # | Other Info. | |
| Emergency Contact | | Phone # |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SCHEDULED IN-HOME SERVICES | | | | | | | | | | |
| Agency Provider Name | | | | | | | | | | |
| Award Start Date | | | | | Award End Date | | | | | |
| Begin  Date | End Date | Start | Decrease | Increase | Hold | Stop | Hours/ Month | Frequency | Contact From | Contact To |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Notes (service detail): | | | | | | | | | | |
| ***Client is authorized for a total of $*** ***of services to be provided during award period.*** | | | | | | | | | | |

|  |  |
| --- | --- |
| 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 | |