**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

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

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

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| SCHEDULED IN-HOME SERVICES |
| Agency Provider Name        |
| Award Start Date        | Award End Date       |
| BeginDate | 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.***  |

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| 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.*** |

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| Case Manager Name       | CM email       | CM phone       |
| Supervisor       | Date       |