



HOME AND COMMUNITY SERVICES (HCS)
 AREA AGENCIES ON AGING (AAA)
 DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

DATE

Financial Communication to Social Services

FROM: NAME	PHONE NUMBER	ORGANIZATION
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1. Client Information

CASE NAME	PHONE NUMBER	MESSAGE NUMBER	ACES ID
ADDRESS	CITY	STATE	ZIP CODE

2. Case Information

<input type="checkbox"/> Equal Access (NSA) Accommodation Plan:	<input type="checkbox"/> Medicare eligible (has or will have Part D co-pays)
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Limited English Proficiency preferred language:

Application date: _____ Approved Withdrawn Active Medicaid

Denied Pending

Over resources Functional eligibility determination

Asset transfer penalty period: _____ to _____ Verification due date: _____

Other _____

EXPENSES (FOR DDA USE ONLY)

Court ordered fees: Guardian \$ _____; Attorney \$ _____

Medical \$ _____

DDA Room and Board ETR Request (CRM, please approve or deny on 15-345). Total ETR amount \$ _____

COMMENTS:

3. Representative

NAME	REPRESENTATIVE TYPE
ADDRESS	<input type="checkbox"/> Authorized representative
CITY	<input type="checkbox"/> Attorney-in-fact
STATE	<input type="checkbox"/> Legal guardian
ZIP CODE	<input type="checkbox"/> Representative payee
PHONE NUMBER (AREA CODE)	<input type="checkbox"/> Parent / Spouse
EMAIL ADDRESS	

4. Service Request

<input type="checkbox"/> Nursing Home <input type="checkbox"/> NFLOC <input type="checkbox"/> Home Maintenance Allowance <input type="checkbox"/> Initial service request (MPC/CFC) <input type="checkbox"/> In-home <input type="checkbox"/> Residential <input type="checkbox"/> HCS / DDA HCB Waiver needed <input type="checkbox"/> In-home <input type="checkbox"/> Residential State Funded Services <input type="checkbox"/> LTC for non-citizens (preapproval needed) <input type="checkbox"/> In-home <input type="checkbox"/> Residential <input type="checkbox"/> NH <input type="checkbox"/> MCS residential <input type="checkbox"/> MCS NH	<input type="checkbox"/> Disability Determination (NGMA) <input type="checkbox"/> Incapacity for MCS <input type="checkbox"/> SSI Facilitation <input type="checkbox"/> Alcohol / Drug Treatment <input type="checkbox"/> Additional Requirements
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Client is a good candidate for Fast Track? Yes No, and why not?

Eligible for: MPC CFC Waiver Other

5. Financial Eligibility Determination

<input type="checkbox"/> Financially eligible for CN (MPC or CFC) <input type="checkbox"/> Financially eligible for CN (CFC, but not financially eligible for MPC) <input type="checkbox"/> Financially eligible for HCB waiver <input type="checkbox"/> Financially eligible for MCS (state funded residential) <input type="checkbox"/> Financially eligible for LTC for non-citizens	PROJECTED DATE OF FINANCIAL ELIGIBILITY ESTIMATED AMOUNT OF CLIENT RESPONSIBILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">MONTH 1</th> <th style="width:33%;">MONTH 2</th> <th style="width:33%;">MONTH 3</th> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	MONTH 1	MONTH 2	MONTH 3	\$	\$	\$
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