|  |  |
| --- | --- |
| ***Client Name:*** Click here to enter text. | ***Client EIS #:***Click here to enter text. |
| **Plan Assessment Number:** Click here to enter text. | ***Client MaineCare #:***Click here to enter text. |
| **Case Manager:** Click here to enter text.**CM Agency:** Click here to enter text. | **Case Mgr. Email address:**Click here to enter text.**Case Mgr. Phone #:**Click here to enter text. |
| **Initial Classification** Choose an item.**Termination from Waiver Reason** Choose an item.**Term Date:** Click here to enter a date.**Date CM rec’d proposal from Provider**:Click here to enter a date. | **Proposed start date of services:** Click here to enter a date. **Date Resource Coordinator Rec’d Document:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**The current services are as follows:**

**Type of Service Hours Provider Notes**

|  |  |  |  |
| --- | --- | --- | --- |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**I am proposing the following changes :**

**Type of Service Hours Provider Notes**

|  |  |  |  |
| --- | --- | --- | --- |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**If Shared Living, please provide address of new residence:**

Click here to enter text.

**Include: OADS Personal Plan Face Sheet—paper copy—Member/Guardian & Case Manager signatures**

 **If initial Classification, must include Choice Letter**

 **If new work support proposal, must include VR release letter**

**Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Request Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**