

## CARE AT HOME CASE MANAGEMENT AGENCY REQUEST

\_\_\_\_\_ Care at Home I

\_\_\_\_\_ Care at Home II

**NOTE: This form must be submitted along with the application to the Care at Home I/II waiver.**

I understand that as a applicant for the Care at Home I/II Waiver for my child, I must select a Case Management Agency from the attached list of approved Case Management Agencies. I have been encouraged to interview these providers prior to making my selection.

I understand that this Case Management Agency will assist me in developing, implementing, and monitoring my child's Plan of Care.

I also understand that, at any time I may change my child's CAH Case Management Agency and this change will not affect his/her enrollment in Care at Home.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

On behalf of my child, I have selected the following Case Management provider:

\_\_\_\_\_  
Case Management Agency

**To be completed by the Case Management Agency:**

\_\_\_\_\_  
(Case Management Agency)

\_\_\_\_\_ will provide Case Management to the  
above-named applicant.

\_\_\_\_\_ will not provide Case Management to  
the above-named applicant.

\_\_\_\_\_  
Case Management Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LDSS CAH Coordinator Signature

\_\_\_\_\_  
Date

cc: Participant Family/Guardian  
Case Management Agency  
Requested Case Management Agency  
New York State Department of Health – CAH Program