

CARE AT HOME I/II PALLIATIVE CARE Expressive Therapy Selection Form

_____ Care at Home I

_____ Care at Home II

NOTE: Signed copies of this form must be supplied to the child's parent/guardian, case manager, Expressive Therapy Agency and the LDSS.

I understand that in order for my child to receive Care at Home I/II Expressive Therapy (art, music and/or play) Waiver service, I must select a palliative care agency from the attached list of approved providers. I have been encouraged to interview these providers prior to making my selection.

I understand that the Expressive Therapy palliative care agency I choose will assist me in developing, implementing and monitoring my child's plan of care regarding this service.

I may choose to discontinue this service or select a different palliative care agency for Expressive Therapy at any time. My child will still be eligible for the CAH I/II waiver if I choose to discontinue services or change providers.

From the approved provider list, I have selected the following agency:

Palliative Care Agency

Telephone

Agency Address

Applicant (Child's) Name

Date

Parent/Guardian Signature

Date

Case Manager Signature

Date

To be completed by the Palliative Care Agency:

Palliative Care Agency

_____ will provide Family Education to
the above named applicant
_____ will not provide Family Education
to the above named applicant.

Explanation

Palliative Care Agency Representative Signature (Include Title)

Date

LDSS CAH Coordinator Signature

Date