

# COURAGE CENTER WAIVER SERVICE REQUEST



Please fax to *Courage Center Client Services: (763) 520-0392*

<b>CLIENT NAME:</b>	DOB:
Phone:	2 <sup>ND</sup> Phone:
Address (include apartment number, city, state & zip):	
Scheduling Contact:	Phone:
Emergency Contact:	Phone:
Marital Status (circle):    Married    Single    Widowed    Divorced    Separated	(Circle):        Female        Male
*Ethnic Origin:	*Primary Language:
<i>*Because we're partially funded by United Way we ask for ethnic origin &amp; primary language for reporting of annual statistics.</i>	

<b>CASE MGR:</b>	Phone:
County <b>and</b> Agency:	Client MA #:
Other Insurance:	Medicare #:
PMAP Product and Co. (SNBC, MSHO, Etc.):	
Waiver: (Circle One)    TBI    CADI    AC    CAC    EW    DD    MSHO	

<b>PRIMARY PHYSICIAN:</b> (first and last name)	
<b>PRIMARY CLINIC:</b>	Phone:
Client's Primary Diagnosis:	Onset Date:
All Other Diagnoses:	
Special Medical Concerns:	
Criminal History? (Yes Or No)	

## SERVICES REQUESTED

<input type="checkbox"/> <b>INDEPENDENT LIVING SKILLS INDIVIDUAL SERVICES</b> ( H2032TF, CADI/TBI)) <b>Number of ILS Hours Requested:</b> Weekly _____    Monthly _____
<input type="checkbox"/> ILS Therapies Group (H2032HQ, TBI) _____monthly
<input type="checkbox"/> <b>DRIVER ASSESSMENT AND TRAINING:</b> <input type="checkbox"/> Assessment to identify adaptive driving needs (T2029, CADI/CAC/TBI/DD) <input type="checkbox"/> Training in the use of adaptive driving equipment ( Family Counseling & Training S5110, CADI/TBI)
<input type="checkbox"/> <b>BEHAVIORAL SERVICES</b> <input type="checkbox"/> Behavioral Professional Assessment (H0025TG, Usually 6 Hrs, TBI) (T2013 for DD waiver): _____ <input type="checkbox"/> Analyst Hours Requested (H0025, TBI ) (T2013 for DD waiver): _____ <input type="checkbox"/> Behavioral Professional Hours (H0025TG, TBI) (T2013 for DD waiver): _____
<input type="checkbox"/> <b>COMPUTER ASSESSMENT AND TRAINING</b> (S5110, CADI/TBI)
<input type="checkbox"/> <b>ASSISTIVE TECHNOLOGY NEEDS ASSESSMENT</b> (T2029, CADI/TBI/CAC/DD)
<input type="checkbox"/> <b>COUNSELING/FAMILY COUNSELING</b> (S5110, CADI/TBI)
<input type="checkbox"/> <b>MEDICAL THERAPIES:</b> Billable to Insurance. Please contact Client Services directly by phone regarding these services, or have doctor fax orders directly. All (except counseling) require physician's orders. <b>PT    OT    Speech    Pool PT    Counseling    Neuropsych Testing    CRP</b>

<b>GOALS FOR SERVICES &amp; ADDITIONAL COMMENTS:</b>	<b>COURAGE CENTER NPI #: 1992795280</b> <b>Phone: 763-520-0312</b> <b>FAX: 763-520-0392</b>
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