

Alabama Department of Senior Services Medicaid Waiver Programs  
**Service Provider Authorization**

Service Provider	Name of Client	Case Manager	Phone				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;"> <b>Check box if a missed visit will place this client at risk.</b>  <input type="checkbox"/> </td> <td style="width: 20%; padding: 5px;"> <input type="checkbox"/> Initial Referral  <input type="checkbox"/> Redetermination  <input type="checkbox"/> Change  <input type="checkbox"/> Termination                 </td> <td style="width: 35%; padding: 5px;"> <b>Emergency/Disaster Priority</b>  <input type="checkbox"/> Not Priority  <input type="checkbox"/> Priority – Client Lives Alone  <input type="checkbox"/> Priority Advanced - Medical Need                 </td> <td style="width: 30%; padding: 5px;"> <b>Diagnosis/Diet Limitations</b> </td> </tr> </table>				<b>Check box if a missed visit will place this client at risk.</b> <input type="checkbox"/>	<input type="checkbox"/> Initial Referral <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Termination	<b>Emergency/Disaster Priority</b> <input type="checkbox"/> Not Priority <input type="checkbox"/> Priority – Client Lives Alone <input type="checkbox"/> Priority Advanced - Medical Need	<b>Diagnosis/Diet Limitations</b>
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<b>Homemaker</b>	Frequency(s)	<b>Personal Care</b>	Frequency(s)				
	Begin Date		Begin Date				
	End Date		End Date				
<input type="checkbox"/> Make bed/Change linen	<input type="checkbox"/> Iron/mend clothes	<input type="checkbox"/> Bathe client	<input type="checkbox"/> Meal/snack preparation				
<input type="checkbox"/> Dust/ Sweep/Vacuum	<input type="checkbox"/> Prescribed diet (assist)	<input type="checkbox"/> Skin/hair/oral	<input type="checkbox"/> Feed client				
<input type="checkbox"/> Clean/Defrost Refrig.	<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Nail care	<input type="checkbox"/> Housekeeping (light)				
<input type="checkbox"/> Clean stove/oven	<input type="checkbox"/> Pick up medications	<input type="checkbox"/> Shave	<input type="checkbox"/> Laundry (light)				
<input type="checkbox"/> Damp mop	<input type="checkbox"/> Remind to take Meds.	<input type="checkbox"/> Dress client	<input type="checkbox"/> Transfer (bed/chair)				
<input type="checkbox"/> Wash dishes	<input type="checkbox"/> Pay bills	<input type="checkbox"/> Bowel/bladder	<input type="checkbox"/> Ambulation (assist)				
<input type="checkbox"/> Empty trash	<input type="checkbox"/> Phone (assist with use)	<input type="checkbox"/> Turn client	<input type="checkbox"/> Toileting/continence				
<input type="checkbox"/> Meal/snack preparation	<input type="checkbox"/> Letters (read/write/mail)	<input type="checkbox"/> Make bed/Change linen	<input type="checkbox"/> Medications (remind)				
<input type="checkbox"/> Clean bathroom	<input type="checkbox"/> Observe/report on client	<input type="checkbox"/> Observe/report on client	<input type="checkbox"/> Ensure home safety				
<input type="checkbox"/> Clean living area	<input type="checkbox"/> Ensure home safety	<input type="checkbox"/> Other ...					
<input type="checkbox"/> Wash/dry clothes	<input type="checkbox"/>	<b>Companion</b> (supervise, remind, assist or accompany)	Frequency(s)				
<input type="checkbox"/> Other ...			Begin Date				
<b>Comments</b>			End Date				
		<input checked="" type="checkbox"/> Supervise/observe...	<input type="checkbox"/> Meal/snack (remind)				
		<input type="checkbox"/> Housekeeping (light)	<input type="checkbox"/> Medications (remind)				
<i>The provision of services in excess of that indicated above will not be reimbursed. Please notify the case manager if the service schedule needs changing.</i>		<input type="checkbox"/> Laundry (assist/sup.)	<input type="checkbox"/> Grocery (accompany)				
		<input type="checkbox"/> Bathe/groom/hygiene	<input type="checkbox"/> Medical (accompany)				
		<input type="checkbox"/> Toileting/continence	<input type="checkbox"/> Ensure home safety				
<b>Authorized Signature</b>	<b>Date</b>	<input type="checkbox"/> Other ...					