

CARE AT HOME I/II PALLIATIVE CARE

Family Palliative Care Education (Training) 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, Family Palliative Care Education Agency and the LDSS.

I understand that in order for my child to receive Care at Home I/II Family Palliative Care Education (Training) 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 Family Palliative Care Education (Training) 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 Family Palliative Care Education 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