



Clear

HOME CARE FOR DISABLED ADULTS PROGRAM – MEDICAL STATEMENT

TO: _____
Physician, Registered Nurse _____ Date _____

RE: _____
Applicant for Home Care for Disabled Adults Program _____ Social Security Number _____

The above named individual is an applicant for the Home Care for the Disabled Adults Program. This is a subsidy program that promotes 24-hour, in-home care provided by a caregiver (relatives or significant others) to disabled adults who would otherwise require nursing home care. Subsidies are provided for basic support, supervision, and maintenance; basic medical; and a special supplement which reimburses for a wide range of health-related or in-home supportive services. Your assistance is requested to verify that the medical condition of this individual could warrant nursing home placement without the intervention of supportive in-home services. A copy of the applicant's signed Confidential Information Release is attached.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

SECTION I. (Please list)

DISEASE(S):	STABILIZED/CONTROLLED:	MEDICATIONS/TREATMENTS:
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION II. (Please list and specify duration of limitations)

PHYSICAL LIMITATIONS

MENTAL LIMITATIONS

_____	_____
_____	_____
_____	_____

SECTION III. STATEMENT OF GENERAL HEALTH

SECTION IV. MEDICAL RECOMMENDATIONS FOR THE APPLICANT'S LIVING ARRANGEMENTS

(Please check **ONE**)

- ☐ The Home Care for Disabled Adults Program **is** appropriate for assisting this applicant in remaining in the home. The 24-hour caregiver is providing this applicant with an alternative to nursing home or other institutional care.
- ☐ The Home Care for Disabled Adults Program **is not** appropriate for this applicant. The applicant does not need a 24-hour caregiver and can live independently at home; or an institutional setting is more appropriate for the applicant.

Signature of Physician or Registered Nurse _____ Date: _____

Please Return Completed Form To:
(mailing address)

Department of Children and Families, Adult Services
Attention: