APPLICATION FOR DOMICILIARY CARE SUPPLEMENT

CASE IDENTIFICATION				
Co.	Case Number	Cst.	Ctr.Dig.	Dist.
CASEWORKER				

1. IDENTIFYING INFORMATION

Name (*Last. First. Middle)*	Sex ☐ M ☐ F	BIRTHDATE	SOCIAL SECUIRTY NUMBER
ADDRESS (*Street, Town or City, Zip Code)*	MARITAL STATUS ☐ Never Married ☐ Separated ☐ Divorced ☐ Married ☐ Widowed		

2. APPLICANTS AFFIRMATION

I herby request a State Supplement to SSI to enable me to pay for my care in an approved Domiciliary Care Facility of my choice.

For the purpose of determining my need for domiciliary care, I authorize the Department of Public Welfare or its agent to obtain such medical and social facts about my situation as may be essential.

SIGNATURE *(Client or Authorized Representative)* DATE

3. APPLICANT'S REASONS FOR SEEKING DOMICILIARY CARE

(Give Brief Description of Client's View of His Need for Care)

4. FUNCTIONAL LEVEL

ACTIVITY	DOES INDEPENDENTLY	DOES WITH ASSISTANCE	TYPE OF ASSISTANCE REQUIRED	CANNOT DO WITH ASSISTANCE
Transportation				
Shopping				
Meal Preparation				
Laundry				
Medication Usage				
Managing Finances				
Telephone				
House Keeping				
Bathing				
Dressing and Undressing				
Eating				
Personal Grooming				

5. SOCIAL FACTORS

DESCRIBE RECENT MAJOR CHANGES IN CLIENT'S LIFELEADING TO NEED FOR DOMICILIARY CARE. (*e.g. Death of Spouse, Friend or Family Member: Change in Marital Status: Change in Living Arrangement: Major Illness: Self, Spouse, Friend or Family Member.)*

6. COMMUNITY RESOURCES

Are the Necessary Supports for Independent Living Available in the Community? ☐ YES ☐ NO *(Explain)*

7. PLACEMENT AGENCY CERTIFICATION

Having Reviewed all Relevant Social and Medical Information on the Above Named Individual, I Certify That the Applicant:

☐ NEEDS DOMICILIARY CARE IN AN APPROVED DOMICILIARY CARE FACILITY AND IS RESIDING

☐ NEEDS DOMICILIARY CARE IN AN APPROVED DOMICILIARY CARE FACILITY AND WILL BE RESIDING

EFFECTIVE DATE:

NAME OF FACILITY
ADDRESS

☐ DOES NOT NEED DOMICILIARY CARE ***(Explain)***

SIGNATURE

DATE

AGENCY	PHONE NUMBER
ADDRESS	