



APPLICATION FOR PERSONAL CARE HOME SUPPLEMENT

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CTR. DIG.	DIST.
CASEWORKER				

1. IDENTIFYING INFORMATION

NAME		SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE	SOCIAL SECURITY NUMBER
ADDRESS				
APPLYING AS <input type="checkbox"/> Individual <input type="checkbox"/> Couple	NAME OF SPOUSE (LAST, FIRST, MIDDLE)		BIRTHDATE	SOCIAL SECURITY NUMBER

2. APPLICANT'S AFFIRMATION

I hereby request a state supplement to SSI to enable me to pay for my care in a licensed personal care home of my choice.

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

_____ (SIGNATURE of Client or Authorized Representative) _____ (Date)

3. PERSONAL CARE HOME CERTIFICATION

I hereby certify that the applicant is residing or intends to reside in a licensed Personal Care Home. I have a copy of the current certificate of compliance, a copy of a current medical examination, and a copy of a current assessment summary (if available) of the above named applicant.

_____ (DATE OF PLACEMENT IN PERSONAL CARE HOME)

_____ (SIGNATURE of Personal Care Home Operator) _____ (Date)

PERSONAL CARE HOME NAME	PHONE NUMBER	ADDRESS
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