

APPLICANT IS NOT ELIGIBLE FOR SERVICES IF ANY ONE OF THE FOLLOWING APPLIES:

- All of the applicant's personal care needs are met through natural supports.
- Applicant receives services from a licensed or certified residential service program that provides personal care services, (*i.e. foster home, assisted living facility, group home or other residential care program*).
- Applicant is in prison, hospital, sub-acute care facility, nursing facility or other institution.
- Applicant has been found non eligible as determined by the assessment.
- Applicant is not a current recipient of EXT, MAA, MAF, OHP, OSIPM, TANF or REF.

ELIGIBILITY DETERMINATION

- YES**, Applicant is eligible for State Plan Personal Care Services. Complete this form and place in the individual's file.
- NO**, Applicant is not eligible for services. **Stop here.** Send notification of denial to applicant, sign and date this form and place in applicant's file.

I certify that I have completed an assessment of Personal Assistance Services needs and natural supports available to the individual.

Signature

Date

Maintain a complete copy of this of this form in the individual's file. Fax only page 3 to SPD Provider Payment Unit (503) 947-5357.

