

## AGING AND LONG-TERM SUPPORT ADMINISTRATION

## Nurse Delegation: Request For Additional Units To be completed by Delegating Nurse

1. RND NAME		2. RND TELEPHONE NUMBER	3. RND E-MAIL ADDRESS
4. CLIENT'S NAME		5. ACES ID NUMBER	6. CLIENT'S DATE OF BIRTH
7. CASE MANAGER'S NAME		8. CASE MANAGER'S TELEPHONE NUMBER	9. CASE MANAGER'S E-MAIL
<ul> <li>10. I will need more units in addition to the 100 units already authorized for the month of This will allow me to bill for a total of units for the month of</li> <li>11. Reason Additional Units Needed:</li> </ul>			
A. For insulin, complete the section below (no additional narrative required).    Initial visit; units needed.   Supervisory visit; units needed.   New support providers / caregivers; units needed.   Total number of caregivers delegated insulin:  B. Other than insulin please list reasons units needed:			
12. DATE REQUESTED	13. REQUESTING ND SIGNATUR	RE	
14. UNITS APPROVED	15. ND PROGRAM MANAGER SI	GNATURE	16. DATE APPROVED

Scan and email additional unit request form to nursedelegation@dshs.wa.gov.