

Service Summary Current Annual

Client Information

Client Name: McGee, Poppy X

Address:

1913 ETHRIDGE AVE NE, , OLYMPIA, WA, 98506

Phone: (360) 555-4545 **Ext:** **Type:** null

Gender: Female **Age:** 59

Primary Spoken Language: English

Speaks English? Yes **Interpreter Required?** No

Contacts

Emergency Contacts:

Name: Jones, Beth

Phone: (360) 555-1111

Name: James, Ronald

Phone: (360) 555-6666

Substitute Decision Makers:

Name: James, Ronald

Type:

Phone: (360) 555-6666

Primary Physician: Hansel, Dr.

Phone: (360) 555-9999

Services

Client is functionally eligible for COPES waiver services

Recommended Living Situation:

AFH (Adult Family Homes)-Metropolitan Counties

Planned Living Situation:

AFH (Adult Family Homes)

Classification: C Med **Daily Rate:** \$66.64 **Monthly Hours:** N/A

Personal Care

Waiver #1 _____

Waiver #2 _____

Waiver #3 _____

Total authorized hours _____



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Provider Information

The following schedule(s), if identified, are based on the consumer's preference at the time of the assessment.

Informal Providers:

Provider: McGee, Poppy

Phone:

Assigned Tasks:

CPAP or BiPAP, Application of medication, Injections, Blood glucose monitoring

Provider Hours: 0

Formal Providers:

Provider: PARK PLACE

Phone:

Assigned Tasks:

Bathing, Dressing, Eating, Locomotion Outside Room, Locomotion In Room, Med. Mgmt., Personal Hygiene, Telephone, Transfers, Toilet Use, Walk In Room, Application ointments/lotions, CPAP or BiPAP, Application of medication, Blood glucose monitoring

Provider Hours: 0

Client Goals

Goal Short Description: Get outside more often

Status: Ongoing

Who Acts: Provider

Goal Short Description: Call grandson more often

Status: Ongoing

Who Acts: Client

Worker Information

Assessor: Ames,Rachelle



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Current Case Manager Name: Ames, Rachelle L

Phone: (360) 725-2353 **Ext:**

The role of the Case Manager is to:

1. Determine program eligibility, complete assessments identifying your preferences, strengths and needs and reassess annually or as needs change;
2. Assist you to develop a plan of care that documents your choice of services and qualified providers;
3. Authorize payment for services identified in your plan of care;
4. Monitor that services are provided according to your plan of care.

Clients have the right to waive case management services other than those listed in items 1, 2, 3, and 4 above.

Client Signature

I am aware of all alternatives available to me and I understand that access to 24-hour care is available only in residential settings, including community residential settings. I agree with the above services outlined on this summary.

- I understand that participation in all ADSA/LTC paid services is voluntary and I have a right to decline or terminate services at any time.
- I understand that I must notify my case manager if I have a change in my living situation.

Client/Representative signature **Date**

Provider **Date**

Social Worker/Case Manager signature **Date**



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