NURSE DELEGATION: Request for Additional Units

To be completed by Delegating Nurse

<table>
<thead>
<tr>
<th>1. RND NAME</th>
<th>2. RND TELEPHONE NUMBER</th>
<th>3. RND E-MAIL ADDRESS</th>
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<tr>
<th>4. CLIENT’S NAME</th>
<th>5. CLIENT’S DATE OF BIRTH</th>
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<tr>
<th>6. CASE MANAGER’S NAME</th>
<th>7. CASE MANAGER’S TELEPHONE NUMBER</th>
<th>8. CASE MANAGER’S E-MAIL</th>
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9. I will need ______ more units in addition to the 36 units already authorized for the month of _______. This will allow me to bill for a total of _______ units for the month of _______.

10. Reason Additional Units Needed:

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:

11. DATE REQUESTED 12. REQUESTING ND SIGNATURE

13. UNITS APPROVED 14. ND PROGRAM MANAGER SIGNATURE 15. DATE APPROVED

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

NURSE DELEGATION: REQUEST FOR ADDITIONAL UNITS

DSHS 13-893 (REV. 04/2019)