



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
<p>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                      .</p> <p>11. Reason Additional Units Requested. Comments:</p>		
<p>12. Supporting Document include:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> 14-484 Nurse Delegation: Nursing Visit</li><li><input type="checkbox"/> 13-678, Nurse Delegation: Instructions for Nursing Task (page 2)</li><li><input type="checkbox"/> 10-217 Nurse Delegation: Credentials and Training Verification for new delegated caregivers</li><li><input type="checkbox"/> Billing Tracker for the month of request</li><li><input type="checkbox"/> All other supporting documents to support time.</li></ul> <p>** All attachments must have Client Name, date, and which form it is attached to.</p>		
13. DATE REQUESTED	14. REQUESTING ND SIGNATURE	
15. UNITS APPROVED	16. ND PROGRAM MANAGER SIGNATURE	17. DATE APPROVED

**Scan and email additional unit request form to [nursedelelegation@dshs.wa.gov](mailto:nursedelelegation@dshs.wa.gov).**