

Porausan Aninis
Acknowledgement of Services

ITAN EWE CHON AMASOU		ACES AN EWE CLIENT NAMPAN ID
<p>Ekkewe Home and Community Based Service prokram ra tongeni awora aninis ren Medicaid me non ewe community, esapw chok aninis seni ekkewe “institutions” ika nenien tumwun (nursing homes), ngeni ekkewe mi tufich/eligible.</p> <p>Ikkei ekkewe prokramen Home and Community Based Service:</p> <ul style="list-style-type: none"> • Community First Choice (CFC) • COPES Waiver • Residential Support Waiver (RSW) • New Freedom Waiver • Medicaid Alternative Care (MAC) <p>Uwa mochen angei aninis seni ew Home and Community Based prokram, esapw seni ew nenien/imwen tumwun (nursing home).</p>		
SAINEN ITAN EWE CLIENT		PWININ MARAM
SAIEN ITAN EWE A WISEN TUPWUNI EWE CLIENT	<input type="checkbox"/> Chon Tumwun <input type="checkbox"/> Chon Tupwuni	PWININ MARAM
SOCIAL WORKER/CASE MANAGER’S SIGNATURE		PWININ MARAM
AGENCY	NAMPAN FON (PACHANONG AREA CODE)	
<p>Ikkei omw kewe pwuung ren omw kopwe tungor ew anonopokun arongorong:</p> <p>Ika ra urenuke nge kose tori aukukun met mei require ren Home and Community Based services ika aninis, ka tongeni tungor ew Anonopokun Arongorong. Omw tungor ren ena arongorong epwe for non ukukun 90 ran seni ewe ran mei affat fanitan ewe mwokutukut mei toruk. Ka tongeni tungor ew arongorong seni ewe ofesen Home and Community Services Division, local Area Agency on Aging, ika kopwe mak ngeni:</p> <p>OFFICE OF ADMINISTRATIVE HEARINGS, MAIL STOP: 42489, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, PO BOX 42489, OLYMPIA WA 98504-2489.</p>		