|  |  |
| --- | --- |
|  |  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 |
| 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 .11. Reason Additional Units Requested.Comments: |
| 12. Supporting Document include:[ ]  14-484 Nurse Delegation: Nursing Visit[ ]  13-678, Nurse Delegation: Instructions for Nursing Task (page 2)[ ]  10-217 Nurse Delegation: Credentials and Training Verification for new delegated caregivers [ ]  Billing Tracker for the month of request[ ]  All other supporting documents to support time.\*\* All attachments must have Client Name, date, and which form it is attached to. |
| 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** nursedelegation@dshs.wa.gov**.** |