HCBS/TBI Waiver Physician/RN Statement for Consumers Directed Attendant Care
(Health Maintenance Activities Only)

I. CONSUMER INFORMATION SECTION

Consumer Name	SSN	Date Of Birth
Street Address	City	Zip Code

Home Telephone Number or Other Contact Number

Person Acting on Behalf on Consumer — Telephone Number

II. CASE MANAGER RESPONSIBILITIES

Attendant care service plan worksheet must be attached. This form must be completed by the attending Physician or Registered Nurse when the consumer chooses to self-direct attendant care services classified as health maintenance activities.

III. PHYSICIAN/RN STATEMENT

_____ is choosing to self-direct his/her attendant care service in the performance of health maintenance activities.

Are there any circumstances in your judgment that prohibit his/her ability to direct and supervise his/her "health maintenance activities?" Yes _____ No_____ If yes, please indicate reasons:

_____

_____

_____

List the specific activities which have been authorized:

_____

_____

_____

If someone other than the consumer is directing the care on behalf of the consumer, do you authorize this person, _____, to direct the attendant activities as described above?

Yes _____ No_____ If no, please explain on the back of this form or attach explanation.

I hereby support the decision of the consumer or their designee to direct and supervise his/her attendant care services in the home as described above.

_____ _____

Signature of Attending Physician or Registered Nurse — Date