

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**All paperwork must be completed and signed for processing. Incomplete information will be returned for completion.**

### New Application

- MNG Application (CFC MOD 900)
- Clinical Eligibility Form (CFC MOD)
- Financial Eligibility Worksheet (CFC/MOD)
- Service Request Form (CFC/MOD 904)
  - ICD-10 Code
  - Requested start date
  - Services marked with Provider names
  - Volume of services based on assessed need and person-centered plan
  - Participant and Agency signatures with dates
- Completed Independent Living Assessment (ILA)
- Employer Certification (as needed for flex funding)

### Annual Reassessment

- Clinical Eligibility Form (CFC MOD)
- Financial Eligibility Worksheet (CFC/MOD)
- Service Request Form (CFC/MOD 904) to include:
  - ICD-10 Code
  - Requested start date
  - Services marked with Provider names
  - Volume of services based on assessed need and person-centered plan
  - Participant and Agency signatures with dates
- Completed Independent Living Assessment (ILA)
- Employer Certification (as necessary for flex funding)

### Reinstatement/Service Changes

- New completed and signed service request form

### Terminations

- Signed and dated termination form with reason