



Alpena-Montmorency-Alcona Educational Service District

2118 US 23 South Alpena, Mi 49707 Phone (989)354-3101 Fax (989)356-3385

PERSONAL CARE SERVICES AUTHORIZATION FORM

Student's Last Name _____ First Name _____

Date of Birth _____ School District _____

Teacher _____ Para-Pro _____

SERVICE DESCRIPTION (CHECK ALL THAT APPLY)	ESTIMATED DAILY FREQUENCY		
<input type="checkbox"/> Dressing	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Feeding/Meal Preparation	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Other Health Functions	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Mobility & Positioning	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Behavior Redirection/Intervention	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Respiratory assistance	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Toileting	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed
<input type="checkbox"/> Transferring	<input type="checkbox"/> 1 x <input type="checkbox"/> 4 x	<input type="checkbox"/> 2 x <input type="checkbox"/> Other _____	<input type="checkbox"/> 3 x <input type="checkbox"/> As Needed

I authorize Personal Care Services be provided to enable the student to accomplish tasks that they could normally do for themselves if they did not have a disability. This authorization is valid for the _____ school year.

Dr. Robert Gordon, D.O., FAA-INS. PLLC

Date