

# Personal Care Checklist

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please **COMPLETE** the following:

**STEP 1:**      **CONFIRM** IEP has

- A Strength for personal care service being provided,
  - The need written in the Demonstrated Needs Section
- AND**
- Either Personal Care Services or Adult Support in the student's SAS

**STEP 2:**      Personal Care Authorization Form filled out and attached

**STEP 3:**      One Time Medicaid Parent Permission signed by parent and attached

**OR**  previously filed

**STEP 4:**      Para Authorization for Medicaid Form signed and name PRINTED (so it is entered in the system properly) and attached -- **ALSO**, with regard to the Para, I need to know:

- Is Para FULL TIME  or PART TIME
- What days of the week does Para work \_\_\_\_\_
- What hours does Para work each of these days \_\_\_\_\_
- What is Para's **WORK** email address: \_\_\_\_\_

**STEP 5:**      Return this document with attachments to Mandy Canute @ AMA ESD