

Personal Care Checklist

2017-2018

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: _____
- First/Last Name of Para: _____

STEP 5:

Return this document with attachments to Amber Bays @ AMA ESD