



### Statement of Need for Personal Care Services

Date \_\_\_\_\_

Please return by \_\_\_\_\_

[ \_\_\_\_\_ ]

DCF/Economic Services Division  
Application and Document Processing Center  
103 South Main Street  
Waterbury, VT 05671-1500

[ \_\_\_\_\_ ]

Phone: 1-800-479-6151

RE \_\_\_\_\_

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Residential Care Home [ ] Level III [ ] Level IV

Patient's Name

[ ] Applicant

[ ] Recipient

To the Physician:

This patient has requested a medical expense deduction for medically necessary personal care services being received from the above named residential care home (RCH).

If this patient is an applicant (see above), you may bill the Department for Children and Families for customary and reasonable charges for services performed to complete this report. If this patient is a recipient (see above), charges for ongoing treatment may be billed to Medicaid. Any additional services required only for this report are to be billed to the Department.

If the cost of the examination and related expenses necessary to complete the report will exceed \$50, you must have prior authorization. To assure prompt payment, please attach your bill showing patient's name, SSN, date(s) and services performed to complete the report.

I have examined this patient and determined that he/she has the following medical conditions (s):  
(Continue on reverse if more space needed.)

Please check all of the personal care services which are medically necessary due to these medical conditions:

- Personal Hygiene       Dressing       Walking       Toileting       Transferring
- Managing Medications       Special Diet       Eating       Managing Money       Standing
- General Supervision\*       Other \_\_\_\_\_

\*Deduction permitted only if patient has Alzheimer's disease, dementia, or like disease or injury

Please check the level of licensed RCH required for this patient:     Level III – defined on back     Level IV – defined on back

This patient will need this assistance for  6 mos.     indefinitely     other \_\_\_\_\_  
(If the need is other than indefinitely, a new statement will be required.)

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed residential care homes include:

Level III, which provides personal care, defined as assistance with meals, dressing, movement, bathing, grooming or other personal needs, or general supervision or physical or mental well-being, including nursing overview and medication management as defined by the licensing agency by rule, but not full-time nursing care; and

Level IV, which provides personal care, as described in subdivision (A), or general supervision of the physical or mental well-being of residents, including medication management as defined by the licensing agency by rule, but not other nursing care.