

Choices for Care Moderate Needs Group Application

Instructions: The “Moderate Needs” program is for adult Vermonters who may not meet nursing home level of care, but require some services to assist them to remain independent in their home, preventing a more intense level of service. The Moderate Needs services are limited by available funds.

Eligible applicants are Vermont residents, 18 years or older, and have a functional limitation related to a physical condition or associated with aging. **Mail applications to the chosen Case Management Agency in your region located on the back.**

SECTION A: Individual Information

Name: _____ Male Female
Last First MI

Mailing Address: _____ Phone: _____
Street/RFD/Box City/Town State Zip

SS #: _____ Date of Birth: ____/____/____ Does this individual have Medicaid? Yes No

SECTION B: Moderate Needs Services Check the services the individual is seeking funding for:

Adult Day Services Homemaker Services Flexible Funding to pay for: _____

SECTION C: Choice of Case Management Agency

Choose one of the below agencies to provide case management services if found eligible. The case manager will assist with a person-centered plan and ongoing service coordination. ***See Back for Locations**

Local Area Agency on Aging **-OR-** Local Designated Home Health Agency

SECTION D: Person Completing Form

Name of Person Completing form	Agency Name	Phone Number
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By signing this application form, the individual/legal representative agrees to the following statements:

- ▶ I understand that if funding is not available, I will be notified and my name may be placed on a waiting list.
- ▶ I understand that the amount of services authorized will be based on my assessed needs, a person-centered plan and available funding.
- ▶ I understand that homemaker services are limited to no more than 6 hours/week.
- ▶ I understand that adult day services are limited to no more than 50 hours/week.
- ▶ I understand that flexible funding is limited to available funds.
- ▶ I agree to provide information to the people who will determine my eligibility and provide services.
- ▶ I give permission for the case manager and the Department of Disabilities, Aging and Independent Living staff to contact my legal representative (if applicable) and the providers I am currently involved with in order to determine eligibility and to eliminate duplication of effort.
- ▶ I understand that I must meet all eligibility criteria to be eligible for Moderate Needs services.
- ▶ I understand that if found ineligible for Moderate Needs services, I will be informed of my appeal rights.
- ▶ I understand if found eligible, I will contact my case manager to report changes in my contact information and all changes that may affect my eligibility for services.
- ▶ I understand if found eligible and I am not happy with my services, that each provider of services has a complaint process. I may contact my case manager or the Ombudsman (1-800-889-2047) for assistance resolving a complaint.
- ▶ **To the best of my knowledge, the information on this application is correct.**

Applicant/Legal Representative _____
Signature Date

Instructions for Case Managers:

Mail or FAX the application with ILA, clinical & financial worksheets, Service Request & Auth form (CFC MOD 904) and complete package checklist to: **Choices for Care Moderate Needs Coordinator, HC 2 South 280 State Dr, Waterbury, VT 05671-2070 FAX Number: 802-828-0599; Phone: 802-828-0610**

Location	Case Management Provider Name:	
County	Area Agency on Aging Providers:	Home Health Agency Providers:
Addison County	Age Well 76 Pearl St. Suite 201 Essex Jct., VT 05452	Addison County Home Health & Hospice P.O. Box 754 Middlebury, VT 0575
Bennington County	S. W. VT Council on Aging – Bennington 169 North Street, Stone Building Bennington, VT 05201-1826	VNA & Hospice of Southwestern Vermont Health Care 160 Benmont Avenue, Suite 90 Bennington, VT 05201 Manchester Health Services Inc. PO Box 1224 Manchester Center, VT 05255
Caledonia County	Northeast Kingdom Council on Aging 481 Summer Street, Suite 101 St. Johnsbury, VT 05819	Caledonia Home Health Care, Inc. P.O. Box 383, Sherman Drive St. Johnsbury, VT 05819
Chittenden County	Age Well 76 Pearl St., Suite 201 Essex Jct., VT 05452	VNA of Chittenden & Grand Isle Counties 1110 Prim Road, Suite 1 Colchester, VT 05446
Essex County	Northeast Kingdom Council on Aging 481 Summer Street, Suite 101 St. Johnsbury, VT 05819	Orleans / Essex VNA & Hospice 46 Lakemont Road Newport, VT 05855-1550
Franklin County	Age Well 76 Pearl St., Suite 210 Essex Jct., VT 05452	Franklin County Home Health & Hospice 3 Home Health Circle, Suite 1 St. Albans, VT 05478
Grand Isle County	Age Well 76 Pearl St., Suite 210 Essex Jct., VT 05452	VNA of Chittenden & Grand Isle Counties 1110 Prim Road, Suite 1 Colchester, VT 05446
Lamoille County	Central Vermont Council on Aging 30 Washington Street Barre, VT 05641-4241	Lamoille Home Health Agency & Hospice P.O. Box 790, RD 3, Farr Avenue Morrisville, VT 05661
Orange County	Central Vermont Council on Aging 30 Washington Street Barre, VT 05641-4241	Visiting Nurse and Hospice of VT and NH 88 Prospect Street White River Junction, VT 05001
Orleans County	Northeast Kingdom Council on Aging 481 Summer Street, Suite 101 St. Johnsbury, VT 05819	Orleans / Essex VNA & Hospice 46 Lakemont Road Newport, VT 05855-1550
Rutland County	Southwestern VT Council on Aging 1085 US Rte. 4 East, Unit 2B Rutland, VT 05701-9309	Rutland Area VNA & Hospices 7 Albert Cree Drive Rutland, VT 05701
Washington County	Central Vermont Council on Aging 30 Washington Street Barre, VT 05641-4241	Central Vermont Home Health & Hospice 600 Granger Road Barre, VT 05641
Windham County	Senior Solutions 38 Pleasant St. #1 Springfield, VT 05156	Visiting Nurse and Hospice of VT and NH 88 Prospect Street White River Junction, VT 05001
Windsor County	Senior Solutions 38 Pleasant St. #1 Springfield, VT 05156	Visiting Nurse and Hospice of VT and NH 88 Prospect Street White River Junction, VT 05001

For more resources or contact information call 211 or the Senior HelpLine: 1-800-642-5119.