

**CHOICES FOR CARE
HIGH NEEDS WAITING LIST—MONTHLY FOLLOW-UP SHEET**

Applicant's Name: _____ **Case Management Agency:** _____
Date: _____

Monthly Follow-up information	
Have your needs (such as meal preparation, housekeeping, personal care) changed since last month? <i>If yes, please explain:</i>	Increased Decreased No Change
Have you been hospitalized or gone to the emergency room in the last month? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you fallen in the last month? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you getting help from family or friends? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you getting services from an agency? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anything in your situation changed that you would like us to know about? <i>If yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to continue to be on the wait list? <i>If no,, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Name of Person Completing Form

Complete this form monthly for all applicants on the High Needs Wait list and bring a copy to the CFC waiver team meeting. Each CM agency will assign a designee to ensure a follow-up sheet is submitted for all applicants on the wait list that chose their agency for case management.

07-01-08