

60th Birthday List for CCDA and HCDA Clients

This form will be completed by DCF staff for the HCDA and CCDA client(s) that are turning 60 within the next 3 months. We also recommend the use of this form for Medicaid Waiver individuals that are turning 60 to assist the Area Agencies on Aging in completing their budget forecasts. The completed form and case file documentation will be hand delivered to the Area Agency on Aging serving the county in which the client(s) reside. The Area Agency on Aging will sign the bottom of the form upon receipt and mail or fax back to the DCF Counselor.

Date: _____

From: _____
DCF Counselor

DCF Counselor's Phone Number _____

DCF Counselor's Fax Number _____

To: _____
Area Agency on Aging

Area Agency on Aging Phone Number _____

Area Agency on Aging Fax Number _____

The clients listed below are currently served through CCDA, HCDA, or the Medicaid Waiver program and are turning 60 within the next 3 months:

First Name	Last Name	Date of Birth	County of Residence	Program Currently Enrolled In	Annual Care Plan Cost	Case Manager's Name and Contact Info

The following information should accompany this form:

(1) A copy of the individual's latest Adult Safety Assessment, (2) the latest care plan, (3) service authorizations, (4) narratives for the previous 12 months, (5) care plan cost, and (6) all medical documentation. If the client is a current Medicaid Waiver client, the following also should be sent: (1) the most recent 3008, (2) Informed Consent Form, (3) Form 2515 notifying change of case management agency, (4) proof of eligibility (if ICP), and (5) Level of Care form.

Received By: _____

Received On: _____