

## 1115 Waiver Pilot Program: Intensive In-Home Service Request Form

**Submission Instructions:** The Intensive In-Home Service Request Form must be submitted, along with a copy of the youth's current IM+CANS, to HFS via fax at 217-524-1221, using the subject line "Intensive In-Home Pilot Request."

Initial service requests must be submitted at least 5 business days prior to the requested service begin date. Extension requests must be submitted within the last 10 days of a youth's existing service authorization period. All service requests require approval from HFS. Referents will be notified if the Intensive In-Home Service Request is determined to be incomplete. HFS will notify referents whether the Service Request is approved or denied using the fax number provided in Section 3, Referent Information.

### 1. Service Request Information

**Service Request Type:**

- Initial Requested Service Begin Date: \_\_\_\_\_  
 Extension Existing Service Authorization Period: \_\_\_\_\_

IM+CANS Completed Date: \_\_\_\_\_

- A copy of the youth's IM+CANS has been attached

### 2. Youth Information

Youth First Name:	Youth Last Name:	Date of Birth:	RIN:	Gender:
<p><b>Current Living Arrangement:</b></p> <input type="checkbox"/> Lives alone <input type="checkbox"/> Independent Living <input type="checkbox"/> Lives with parent(s), relative(s), or guardian(s) <input type="checkbox"/> State operated facility (mental health/dev. disability) <input type="checkbox"/> Jail or correctional facility		<input type="checkbox"/> Residential/Institutional Setting (residential, shelter) <input type="checkbox"/> Community integrated living arrangement (CILA) <input type="checkbox"/> Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____		

### 3. Referent Information

- Integrated Health Home  Intensive In-Home Provider

Agency Name:	HFS Provider ID:	Referent Name:	Phone Number:	Fax Number:

### 4. Intensive In-Home Provider Information

- Same as Referent Information

Agency Name:	HFS Provider ID:	Agency Contact Name:	Phone Number:	Email:

### 5. Signatures

<b>Completing Staff:</b>	<b>Credentials:</b>	<b>Date:</b>
<b>Authorizing LPHA:</b>	<b>Credentials:</b>	<b>Date:</b>