



CLINICAL NEED SUMMARY

See information bulletins for instructions and required attachments.

This form is required for, and must be included with, all initial additional staff requests.

This form is required for, and must be included with, any emergency (PAL) request for a 1 or 2 Person CILA with 24 hour shift staff supports.

This form is not applicable for long-term additional staff support requests.

This form must be filled out on-line or typed. Handwritten forms will not be accepted.

Individual's Name

Individual's SSN

Individual's RIN

Requesting Agency Name

Agency FEIN

Agency ID

1. Provide a brief explanation of the individual's medical, physical and/or behavioral needs that require additional staff supports or a 1 or 2 person CILA with 24-hour shift staff. Please include the frequency, duration, and intensity of medical, physical and/or behavioral needs:

2. Specify in quantifiable terms the duties and responsibilities the additional staff or staff in a 1 or 2 person CILA with 24-hour shift staff coverage will be performing.

3. Identify in quantifiable terms the daily schedule when additional staff will be carrying out the duties and responsibilities specified above: (Not applicable for a 1 or 2 person CILA with 24-hour shift staff.)