

## MEDICAL NEED VERIFICATION

Dear Licensed Professional,

Your patient's family caregiver is applying for the Arizona Family Caregiver Reimbursement Program through Arizona Department of Economic Security, Division of Aging and Adult Services (DAAS).

DAAS requires a signature as confirmation to verify the patient requires assistance with one or more activities of daily living (ADL's). The signature must come from the Primary Care Provider (PCP) Nurse Practitioner (NP) or Physician's Assistant (PA) so we can reimburse the family caregiver up to 50% up to \$1,000 (per qualified family member) during a calendar year. Qualified expenses include costs for home modifications or assistive care technology to keep the patient mobile, safe or independent.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Mark all assistance with ADL's that apply:**

Toileting  Bathing  Dressing  Walking  Eating  Transferring

### TO BE COMPLETED BY LICENSED PROFESSIONAL

**Your review and response is urgently needed. If you agree that your patient requires assistance with the selected ADL's, please sign and return this document to the family caregiver contact information noted below. Without your timely response, the patient will be denied approval per the requirements for the Arizona Family Caregiver Reimbursement Program.**

Primary Care Provider (PCP)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Nurse Practitioner (NP)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Physician's Assistant (PA)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Return this form to [CRL@AZcaregiver.net](mailto:CRL@AZcaregiver.net), fax 888-288-6293 or mail to Arizona Caregiver Coalition P. O. Box 21623 Phoenix, AZ 85036. For questions contact the Arizona Caregiver Coalition at (888) 737-7494.