

SERVICES THE INDIVIDUAL CURRENTLY RECEIVES (Check ALL THAT APPLY)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Home Health | <input type="checkbox"/> School Services |
| <input type="checkbox"/> Behavior Support | <input type="checkbox"/> Mental Health Counseling/Medication | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Supported Employment | |
| <input type="checkbox"/> Day Program | <input type="checkbox"/> Occupational Therapy | |
| <input type="checkbox"/> EPSDT (if under 21) | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Hart Supported Living | <input type="checkbox"/> Residential | |
| <input type="checkbox"/> Home & Community Based Waiver | <input type="checkbox"/> Respite | |
| <input type="checkbox"/> Other Medicaid Services: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Mail or Fax to:

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Fax: 1-800-807-7840