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INQUIRY / SERVICE REQUEST FORM

Please complete the following to request a service through PIC. If a service provider is not immediately available, you will be placed on a waiting list for your area. You will be contacted when a service provider is available to meet your needs.

Date:	CLIENT Name :		
CLIENT Address: Street	CASE MANAGER / CONTACT Name:		
City , State, Zip:	CASE MANAGER / CONTACT Phone Number:		
CLIENT Age:	CASE MANAGER / CONTACT Email Address:		
CLIENT Diagnoses (if any):	CASE MANAGER / CONTACT Agency:		
CLIENT Living Arrangements: <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Parents <input type="checkbox"/> Group Home	PARENT / CAREGIVER Name:		
Service(s) interested in: <u>THERAPY:</u> <input type="checkbox"/> Speech-Language Pathology (SCL & ABI) <input type="checkbox"/> Occupational Therapy (SCL & ABI) <input type="checkbox"/> Physical Therapy (SCL) <u>SUPPORT SERVICES:</u> <input type="checkbox"/> Supported Employment (SCL & ABI) <input type="checkbox"/> Community Living Supports (SCL) <input type="checkbox"/> Respite (SCL & ABI) <input type="checkbox"/> Adult Day Training (SCL) <input type="checkbox"/> Structured Day Program Services (ABI) <input type="checkbox"/> Children's Day Habilitation (SCL) <input type="checkbox"/> Companion Services (ABI) <input type="checkbox"/> Personal Care Services (ABI) <input type="checkbox"/> Specialized Medical Equipment & Supplies (ABI)	PARENT / CAREGIVER Phone Number &/or E-mail Address:		
	Is Client CURRENTLY receiving Waiver services or desiring to use Insurance funds? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> SCL <input type="checkbox"/> Medicare <input type="checkbox"/> ABI <input type="checkbox"/> Private Insurance <input type="checkbox"/> Michelle P. <input type="checkbox"/> Other: _____		
	If client is NOT eligible for therapies through insurances or waiver programs, does client / caregiver agree to self-pay (pay out-of-pocket) for services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	DAYS & TIMES Client is AVAILABLE (Be Specific):		
NOTES / COMENTS / REQUESTS :			
Staff person completing &/or reviewing form:			

[Recipient Name]
November 14, 2011
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