

## AGED AND DISABLED WAIVER CASE MANAGEMENT INITIAL CONTACT LOG

Member Name:	Member Phone Number or Contact:
CMA Agency:	Case Manager Name and Phone Number:
PAA Agency:	RN Name and Phone Number:

INITIAL ADW MEMBER CONTACT		
<b>Member Enrollment Date</b>	<b>Date:</b>	<b>Comments:</b>
<b>Date of Initial Contact with the member (within seven Days of enrollment)</b>	<b>Date:</b>	<b>Comments:</b>
Case Manager Signature:		
Date		

INITIAL SERVICE PLAN MEETING		
<b>Date of initial service plan meeting (within fourteen days of member enrollment)</b>	<b>Date:</b>	<b>Comments:</b>
Case Manager Signature:		
Date		

SERVICES		
<b>Date Personal Attendant Services Began</b>	<b>Date:</b>	<b>Comments:</b>
Case Manager Signature:		
Date:		