

Aged and Disabled Waiver- Service Plan Additional Pages

Last Name:	First Name:
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Date	Medicaid ID (Personal Options, PPL ID)	Case Manager or Resource Consultant
		Name:

	Risk Plan:	
	ADDITIONAL RISK(S) <i>Describe the identified risks on the assessment needing addressed.</i>	RISK PLAN(S) <i>Describe how the risk(s) will be addressed.</i>

Service Plan: Other Service(s)	Provider	Service Amount, Frequency and Duration

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Resource Plan:	
Resource(s) Needed <i>(Food stamps, HUD, etc.)</i>	Provider/Referral Source/Physicians