

# Adult Day Alternative Services



## Individual/Participant and ADS Information

Participant Name: \_\_\_\_\_ Prime: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
ADS Provider: \_\_\_\_\_  
ADS Provider Number: \_\_\_\_\_

## Authorization

You are authorized to provide the following Alternative Services for eligible individuals in a setting outside of the typical ADS service setting.

Health Related Services Level 1  
Max hours: 25 per week

Telehealth Cognitive Services  
Max hours: 10 per week

Health Related Services Level 2  
Max hours: 5 per week

Respite Care  
Max hours: 8 per day, 40 per week

Specific Requests from the Participant:

Authorization Begin Date:

Authorization End Date:

Authorizing signature

Date