To: New Choices Waiver Program Office
Fax: 1(801)323-1586

Attention: ________________________________ (NCW Team Member)

Date: ________________________________

From (Agency): ________________________________ (Case Management Agency)

Name: ________________________________ (First and Last Name of Sender)

Phone: ________________________________ (Direct Phone # of Sender)

Number of Pages Including Cover: _______________

Client’s Name: ________________________________

This information is related to:

☐ A new application/new referral or re-enrollment that’s in process, not yet enrolled/re-enrolled:
  ☐ “Deadline Day” Documents (NOD, LOC Form, 114AR and/or Rental)
  ☐ Re-enrollment Documents
  ☐ Memory Care/Secured Unit Request Documents
  ☐ Care Plan Documents (Please specify: ________________________________)
  ☐ Requested Log Notes/Records (Requested by: ________________________________)
  ☐ Other (Please specify: ________________________________)

☐ An existing NCW client, currently enrolled:
  ☐ Disenrollment Documents
  ☐ Annual Review Documents (Annual LOC Form, Annual Rental)
  ☐ Care Plan Documents (Please specify: ________________________________)
  ☐ Health Status Screening Report
  ☐ Requested Log Notes/Records (Requested by: ________________________________)
  ☐ Memory Care/Secured Unit Request Documents
  ☐ Incident Report and/or Documents Related to an Incident Investigation
  ☐ Hearing/Appeal Documents
  ☐ Tracking Information (Inpatient admissions, temporary absences, vacations, etc.)
  ☐ Other (Please specify: ________________________________)

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