DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK

Chapter 2, Intake, Screening, Prioritization, Assessment, and Case Management

Care Plan (DOEA Form 203A)

Client: Care Plan Date: Page DOB: Case Manager: Care Plan Review Date: SSN: Provider #: Caregiver/Designee: Worker ID: **Services Needed Services Planned** Frequency **End Date** Start Date **End Date** Date Service Units Type **Program** Units Type Frequency Provider: Non-DOEA Funded Source: (1) Family and Friends (2) Local Provider: DOEA Funded Source: (1) OAA, (2) CCE, (3) HCE, (4) ADI, (5) Government, (3) Faith Based, (4) Other Non-Profit Association LSP, (6) Other (Specify) Co-Pay Amount (circle Care Plan DOEA Funded Care Plan Total Cost: Non-DOEA Funded Care Plan Total Cost: Total CCE or ADI) I have participated in developing this care plan through discussion regarding my assessed needs, and the services and service providers available to help meet those needs. I understand that the amount of assistance I receive is dependent upon my ability and preference. I understand I am entitled to a grievance review if my services are reduced, changed, or terminated. I authorize the provider to release information concerning the services I receive under all programs to the Florida Department of Elder Affairs. Client: Caregiver and/or Designee: Date Case Manager: Date:

2-60 March 2021 Section V: Attachment 2

*Your Social Security Number (SSN) is confidential under law. We may not collect your SSN unless we explain the reason for collecting your SSN in writing and provide the applicable statutory authority for doing so. Certain provisions of Chapter 430, Florida Statutes, read with Section 119.071(5), Florida Statutes, specifically authorize the Department of Elder Affairs (DOEA) and its designated staff/employees to collect SSNs when authorized by law or when collection of SSNs is imperative to the performance of DOEA's statutorily assigned duties. The Department is collecting your social security number as part of its responsibility to conduct intake and screening related assessments.

Page of		Client:						Care Plan Date:			
Services Needed						Services Planned					
Date	Service	Units	Туре	Frequency	End Date	Program	Units	Туре	Frequency	Start Date	End Date