ADDGS Client's Name: _____

# SERVICE USE FORM

Date of Birth: (mm/dd/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

Client Family ID #: ☐☐ ☐☐ ☐☐☐☐

## JAN 2001

| Type of Service | Total Service Unit | Times Used per Month | Source of Payment: ADDGS | OTHER | FAMILY |
|---|---|---|---|---|---|
| Personal Care | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Homemaker | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Chore | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Companionship | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Adult Day Care | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Inst./Residential | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Case Management | ☐☐☐ | ☐☐ | ○ | ○ | ○ |

| Type of Service | Total Service Unit | Times Used per Month | Source of Payment: ADDGS | OTHER | FAMILY |
|---|---|---|---|---|---|
| Supervision | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Support Group | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Dementia Assess. | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Assist. Transp. | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Transportation | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Legal Assistance | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Home Health | ☐☐☐ | ☐☐ | ○ | ○ | ○ |

## FEB 2001

| Type of Service | Total Service Unit | Times Used per Month | Source of Payment: ADDGS | OTHER | FAMILY |
|---|---|---|---|---|---|
| Personal Care | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Homemaker | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Chore | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Companionship | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Adult Day Care | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Inst./Residential | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Case Management | ☐☐☐ | ☐☐ | ○ | ○ | ○ |

| Type of Service | Total Service Unit | Times Used per Month | Source of Payment: ADDGS | OTHER | FAMILY |
|---|---|---|---|---|---|
| Supervision | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Support Group | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Dementia Assess. | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Assist. Transp. | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Transportation | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Legal Assistance | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Home Health | ☐☐☐ | ☐☐ | ○ | ○ | ○ |

## MAR 2001

| Type of Service | Total Service Unit | Times Used per Month | Source of Payment: ADDGS | OTHER | FAMILY |
|---|---|---|---|---|---|
| Personal Care | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Homemaker | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Chore | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Companionship | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Adult Day Care | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Inst./Residential | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Case Management | ☐☐☐ | ☐☐ | ○ | ○ | ○ |

| Type of Service | Total Service Unit | Times Used per Month | Source of Payment: ADDGS | OTHER | FAMILY |
|---|---|---|---|---|---|
| Supervision | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Support Group | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Dementia Assess. | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Assist. Transp. | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Transportation | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Legal Assistance | ☐☐☐ | ☐☐ | ○ | ○ | ○ |
| Home Health | ☐☐☐ | ☐☐ | ○ | ○ | ○ |

**RECORD IF CLIENT EXITED PROGRAM:**

Reason for Leaving: ☐ Institutional placement ☐ Death ☐ Hospitalized ☐ Client moved ☐ Other

Date of Departure: (mm/dd/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

Provider ID: ☐☐☐☐