**EDWP NOTIFICATION FORM**

1. **Mark (X) indicate the reason for sending: ( CC to Provider [ ]  Provider to CC [ ]  )**

**[ ]  Initial** **[ ]  Change** **[ ]  Complaint/Concern** **[ ]  Transfer** **[ ]** **Discharge** **[ ]  Other**

1. **To:** **Date:**
2. **From:** **Telephone:**

1. **Client Name:** **(Source [ ]  CCSP [ ]  ) Medicaid #:**

**[ ]  Mark if new address Client Address:**

 **City:** **Zip:** **County:** **Telephone:**

1. **SERVICES:**

**[ ]  PSS** **[ ]  PSSX [ ]  CD PSS [ ]  SFC**

**[ ]  ERS**

**[ ]  ALS**

**[ ]  ADH** [ ]  HALF, [ ] FULL[ ] LEVEL I, [ ]  LEVEL II

**[ ]  HDM**

**[ ]  SNS** [ ]  RN, [ ]  LPN

**[ ]  HDS**

**[ ]  OHR**

**COMMENTS:**

1. **Date your RN/Staff completed initial evaluation with client:** ***(Must be RN for ALS, ADH and PSS/X)***

**[ ]  Services were accepted** **[ ]  Services were not accepted – REASON:**

1. **Date services began:**
2. **Service Issues: *(Check all applicable below and clarify in #13)***

**Request for service increase [ ]  Request for service decrease** **[ ]**

**Failure to pay cost share** **[ ]  Client out of home [ ]**

**Services initiated [ ]  Client termination**  **[ ]**

**Requested provider change** **[ ]  Health/Safety Issue** **[ ]**

**Request for information** **[ ]  Missed Visit(s) [ ]**

**Admission to Rehab/NH [ ]  Request for PA info/PA update [ ]**

**Scheduled day surgery/no hospital admission [ ]**

**Other [ ]**

**(*scheduled hospital admits/overnight stay, ER visits or reports of falls require an online incident report-no form needed)***

1. **Discharge (briefly describe actions leading up to need for discharge process):**
2. **Date discharge (30-day) letter sent** **Actual discharge date** **Last day of service**
3. **Are services continuing through 30-day notice?** **[ ]  Yes** **[ ]  No**
4. **Initial or current services/frequency in the home/facility:**
5. **Complaint/Concern/Other (from #8)**
6. **Sender name or signature:** **Title:** **Date:** **Email:**
7. **Recipient name or signature:** **Title:** **Date:** **Email:**
8. **Recipient response:**

**Revised** 4/21