

**MEDICAL NEED VERIFICATION**

Dear Licensed Professional,

Your patient's family caregiver is applying for the Arizona Family Caregiver Reimbursement Program (FCRP) through the Arizona Department of Economic Security, Division of Aging and Adult Services (DAAS). The FCRP is designed to reimburse family caregivers 50% of purchases up to \$1,000 (per qualified family member) during a calendar year. Qualified expenses include costs for home modifications or assistive care technology to keep the patient mobile, safe or independent.

DAAS requires a Medical Need Verification Form to be completed and signed by the Primary Care Provider (PCP) Nurse Practitioner (NP) or Physician's Assistant (PA) to verify the patient requires assistance with one or more activities of daily living (ADLs).

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Caregiver Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Mark all assistance with ADL's that apply:**

Toileting      Bathing      Dressing      Walking      Eating      Transferring

**TO BE COMPLETED BY LICENSED PROFESSIONAL**

Your review and response is urgently needed. Without your timely response, the patient will be denied approval per the requirements for the Arizona Family Caregiver Reimbursement Program. Your signature certifies that your patient requires assistance with the selected ADLs.

Physician: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Practitioner (NP): \_\_\_\_\_

Provider Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Assistant (PA): \_\_\_\_\_

Provider Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return this document to the family caregiver contact noted below OR fax directly to the Arizona Caregiver Coalition at 888-288-6293.

Patient Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY FAMILY CAREGIVER**

Return this form to [CRL@AZcaregiver.org](mailto:CRL@AZcaregiver.org), fax 888-288-6293 or mail to Arizona Caregiver Coalition P.O. Box 21623 Phoenix, AZ 85036. For questions contact the Arizona Caregiver Coalition at (888) 737-7494.

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