

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Developmental Disabilities (DDD)

**DIAPER/BRIEF REQUEST FOR CONSUMERS AGES 3-21
 (Indian Health Service and Fee for Service only)**

MEMBER INFORMATION

INDIVIDUAL'S NAME	DATE OF BIRTH	AHCCCS ID NO.	DATE
HOME ADDRESS (No., Street, City, State, ZIP)			PHONE NO. (Include area code)
DIAGNOSIS	HEIGHT	WEIGHT	WAIST
RESPONSIBLE PERSON'S NAME			PHONE NO. (Include area code)
SHIPPING ADDRESS (Cannot ship to a PO Box)			

ATTACHED TO THE REQUEST:

- Diaper/Brief order form (Page 2)
 Primary Care Provider (PCP) script
 Disability diagnosis resulting in incontinence
 Need date as specified on the Individual Support Plan (ISP)

SUPPORT COORDINATOR'S NAME	PHONE NO. (Include area code)	FAX NO. (Include area code)
SUPPORT COORDINATOR'S SIGNATURE		DATE

HEALTH CARE SERVICES PRIOR AUTHORIZATION UNIT USE ONLY

PROVIDER	AUTHORIZATION NO.	EXPIRATION DATE
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Send completed form to:

FAX: Health Care Service Prior Authorization Unit
 602-253-9083

Interoffice: Division of Developmental Disabilities
 Health Care Services
 Site Code 795M

Mail: Division of Developmental Disabilities
 Health Care Services, Site Code 795M
 2200 North Central Ave., Suite 506
 Phoenix, AZ 85004

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.

INDIVIDUAL'S NAME	DATE OF BIRTH	AHCCCS ID NO.	DATE
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Number of diapers used per day. _____

Choose one type and the number of cases needed.

- Diaper, Pamper Baby Dry (10 lbs.) 240/Cs # of cases _____
- Diaper, Pamper Baby Dry (8-14 lbs.) 240/Cs..... # of cases _____
- Diaper, Pamper Baby Dry (12-18 lbs.) 240/Cs..... # of cases _____
- Diaper, Pamper Baby Dry (16-28 lbs.) 240/Cs..... # of cases _____
- Diaper, Pamper Baby Dry (22-37 lbs.) 240/Cs..... # of cases _____
- Diaper, Pamper Baby Dry (27+ lbs.) 240/Cs..... # of cases _____
- Diaper, Pamper Baby Dry (35+ lbs.) 240/Cs..... # of cases _____

- Pull-Up, Goodnights - Small/Medium - Boys (40-75 lbs.) 68/Cs # of cases _____
- Pull-Up, Goodnights - Small/Medium - Girls (40-75 lbs.) 68/Cs..... # of cases _____
- Pull-Up, Goodnights - Large/XLarge - Boys (70-125 lbs.) 56/Cs..... # of cases _____
- Pull-Up, Goodnights - Large/XLarge - Girls (70-125 lbs.) 56/Cs..... # of cases _____
- Pull-Up, All Nights - Medium (45-65 lbs.) 68/Cs # of cases _____
- Pull-Up, All Nights - Large/XLarge (65-85 lbs.) 56/Cs # of cases _____

- Pull-Up, Protect - Small (20-28 inch waist) 88/Cs # of cases _____
- Pull-Up, Protect - Medium (28-40 inch waist) 80/Cs # of cases _____
- Pull-Up, Protect - Large (40-56 inch waist) 72/Cs # of cases _____

Tab Type

- Briefs, Youth full fit (15-22 inch waist) 96/Cs # of cases _____
- Briefs, Small Stay Dry (20-31 inch waist) 96/Cs # of cases _____
- Briefs, Small Molicare (20-30 inch waist) 120/Cs # of cases _____
- Briefs, Medium Nu-Fit (32-44 inch waist) 96/Cs..... # of cases _____
- Briefs, Medium Molicare (27-50 inch waist) 120/Cs # of cases _____
- Briefs, Large Nu-Fit (45-58 inch waist) 72/Cs # of cases _____
- Briefs, Large Molicare (43-64 inch waist) 120/Cs # of cases _____
- Briefs, XLarge Nu-Fit (45-58 inch waist) 60/Cs # of cases _____