



Individualized Home Supports (IHS)

FYI ... For members open to Elderly Wavier services only. This service does not count towards the member Elderly Waiver budget.



Fax form and any relevant documentation to:
612-884-2185 or 1-866-402-5018



For questions, call: 612-676-6705
Email: CLSintake@ucare.org

MEMBER INFORMATION	Member Name _____ Member ID _____
	Care Coordinator Name _____ Phone Number _____
	Care Coordinator Email _____ Fax _____
SERVICE/PROCEDURE/ ITEMS REQUESTED	SERVICE AGREEMENT
	Service Description _____
	Start Date _____ End Date _____
	Negotiated Rate _____
	Provider Name _____ NPI _____
	Provider Phone _____ Fax _____
	Please use this field to add additional comments to your request.

Note: Incomplete, illegible or inaccurate forms will be returned to Care Manager.