

CSIL APPLICATION

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

CSIL Application

Reason for Application ☐ Initial ☐ Change

Reason for Change:

CSIL Applicant ☐ Client ☐ CSG ☐ Legal Rep

Hours/Month Requested: Days/Month Requested:

Home Support Per Diem: \$300/month cap applies?:

Monthly CSIL Funding: Date of last MDS-InterRAI HC:

Has the client completed a CSIL Application? ☐ Yes ☐ No

Has a copy of the client's application been sent to the (CSIL) Manager? ☐ Yes ☐ No

Responsible Case Manager supports the client's request for CSIL? ☐ Yes ☐ No

Does the client meet eligibility criteria? If no, describe Exception Criteria in Other Comments below ☐ Yes ☐ No

CSG Members or Legal Representative Supporting Client

Recorded By: Date Recorded:

Client Support Group Members or Legal Representative Supporting Client

Name:

Relationship:

Other Supporting CSIL Documentation

Reason for requesting CSIL:

☐ 24 Hr Supervision ☐ Client Autonomy

☐ Consistency of Caregiver ☐ Culture and Language

☐ Relief of Private Pay ☐ Unscheduled Care Needs

☐ Other

Describe the qualities of the Client, Client Support Group, or Legal Representative that make them a good CSIL Employer:

Other Comments:

CSIL Approval/Rejection

(CSIL) Manager Approval/Rejection Date:

☐ Approved ☐ Rejected

Rejection Reason:

Comments:

CSIL APPLICATION

Name:

PARIS ID:

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----