



UPCAP WORK ORDER

For Data Entry Only

Received:
Entered:
Case Tech Initials:

Name:
Address
Phone:

Date: **Client Priority Status:**
Agency Name: **Code:**
Family Contact:
Phone Number:
UPCAP Contact:

Priority Classification:

Priority I – Must receive services as ordered regardless of unforeseen staffing circumstances

Priority II – For staffing emergencies, these clients have priority over Priority III clients

Priority III – Time of day or week may be altered for services to cover Priority I & II clients

Service/Code/ Modifier	Fund Code	Days of Week	Hours/ Units Per Day		Time (s) of Day	Reason for Work Order New-Increase-Decrease No Change-Time Change Change Day of Week 1X only-Cancelled	Start	Stop	On -Hold or Resume Date	UPCAP use ONLY- Standard Remark Code
			Hrs.	Units						
			Hrs.							
			Units							
			Hrs.							
			Units							
			Hrs.							
			Units							
			Hrs.							
			Units							

CARE TO INCLUDE:

<p><u>Personal Care Tasks :</u> Oral Care Walking Bathing Toileting Hair Care Feeding Med Reminder Dressing Transferring</p>	<p><u>Homemaker Aide Tasks :</u> Wash Dishes Trash Meal Prep Shopping/Errands Laundry Wash Floors Vacuuming Dusting Make/Change Bed Lifeline in place</p>	<p><u>Nursing Tasks :</u> Diabetic Foot Care Medication Management</p>
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DIET: **ALLERGIES:**

SPECIAL INSTRUCTIONS:

For Self Determination: **Employee Wage:** **Agency rate:**
VA Participants: **Case Mix:** **Diagnosis Code** **D/O/B**

S.C. **Updated/Mailed Back Up Plan** **Added to COMPASS PCSP:** **Sent to Participant:**
Copy to Case Tech for Data Entry: **Copy to Provider Agency:** **Date:** **SC Initial:**