## UPCAP

Wednesday, December 15, 2021 9:34 AM

Co	ne form attached is a Request for Authorization, is a new requirement for 2022. IMVA Home and ommunity base care will process reauthorization for veteran's as the forms are returned from the ommunity agencies. Please reach out with your email if you wish for the form to be sent as a PDF to fill at and FAX back to the home care department.
PI	ease fill out form for each veteran and fax back to IMVA Home care 906-779-3112.



## Community Home Care Provider Request for reauthorization

Note: Requests are approved/denied at VA Medical Center's discretion				
Veteran Information				
Veteran's Name (Last, First)	SSN (last 4)	Date of birth:		
Requesting Agency Information				
UPCAP location:	Phone:	Fax:		
Contact person/case manager:				
Authorization Information				
Current Case Mix:				
Number of hours being provided:				
Name/s of paid caregiver/s:				
Date New authorization needed:				
Brief explanation of how veteran is doing with services, are services meeting the needs of the veteran:				
**** Please contact IMVA Home and Community Based care if veteran is discharged from services.  Or include Discharge date below and fax back to 906-779-3112				
Veteran <b>discharged</b> from services - Date:				

\*\*\*Please return form prior to the expiration of previous authorization for re-authorization

Fax to IMVA Home and Community Based care at  $\bf 906\text{-}779\text{-}3112$ 

purposes\*\*\*