Form 2101
July 2013-E

Authorization for Community Care Services

Service Name:

1. Date	2. Contract Number	3. Type of Authorization ☐ 1 New ☐ 2 Update ☐ 3 Terminate		4. Begin Date	5. End Date	6. Term Code
7. Individual Name		8. Individual Number	9. 2060 Score	10. Priority	11. County	12. Agency 324

13. Provider Address	SERVICE						COPAYMENT		
	14. RUG	15. Fund Code	16. Group	17. Code	18. Units	19. Unit Type	20. Initial Amount	21. Ongoing Amount	22. % CMPAS Only
			7						

23a. For **PAS** check one: ☐ **CAS** ☐ **PHC** ☐ **FC**	Check if CDS ☐ **CDS**	23b. For **DAHS** check one: ☐ **Title XIX** ☐ **Title XX**

24. Service Items - Personal Assistance Services Only (check all that apply):

☐ 01 Bathing	☐ 04 Feeding/Eating	☐ 08 Toileting	☐ 12 Cleaning	☐ 15 Escort
☐ 02 Dressing	☐ 06 Grooming/Shaving/Oral Care	☐ 10 Transfer	☐ 13 Laundry	☐ 16 Shopping
☐ 03 Exercise	☐ 07 Routine Hair/Skin Care	☐ 11 Walking	☐ 14 Meal Preparation	☐ 17 Assist with Self-Administered Medication

25. Comments:

Authorizing Agents (as applicable)

26. Case Manager	27. Telephone Number (with area code and extension)	28. Mail Code	29. BJN
30. Case Manager Address			
31. Practitioner	32. Telephone Number (with area code and extension)	33. License No	34. Date of Order
35. Nurse	36. Telephone Number (with area code and extension)	37. Mail Code	38. BJN
39. Nurse Address			

40. Diagnosis:

Contracted Agency May Complete This Section and Return a Copy to HHSC .... Service Initiation Date ________________

Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours

Agency Contact Person	Telephone No. (with area code and ext.)

Comments:

____
Signature — Agency Representative

____
Date