

# CDCS CSP Plan Change Request Form

CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

COUNTY SOCIAL WORKER: \_\_\_\_\_

**REASON FOR CHANGE:** (Check all that apply and provide requested information. For example, adding an item or service may also result in a need to move funds from one category to another.)

**ADDING AN ITEM/SERVICE TO THE PLAN**

ITEM/SERVICE REQUESTED: \_\_\_\_\_ COST: \_\_\_\_\_

This request is consistent with the reasons stated in the CSP

If not already in the plan, how does this item/service relate to what you are trying to do? \_\_\_\_\_

\_\_\_\_\_

**MOVING FUNDS FROM ONE CATEGORY TO ANOTHER**

Move \$ \_\_\_\_\_

|             |                            |           |                            |
|-------------|----------------------------|-----------|----------------------------|
| <b>FROM</b> | ___ Personal Assistance    | <b>TO</b> | ___ Personal Assistance    |
|             | ___ Treatment & Training   |           | ___ Treatment & Training   |
|             | ___ Environmental Mods     |           | ___ Environmental Mods     |
|             | ___ Self-Directed Supports |           | ___ Self-Directed Supports |

This request is consistent with the reasons stated in the CSP

If not already in the plan, how does this item/service relate to what you are trying to do? \_\_\_\_\_

\_\_\_\_\_

**SUBSTITUTION OF AN ITEM OR SERVICE**

SUBSTITUTION REQUESTED: \_\_\_\_\_ COST: \_\_\_\_\_

REPLACES ITEM/SERVICE: \_\_\_\_\_ COST: \_\_\_\_\_

This request is consistent with the reasons stated in the CSP

If not already in the plan, how does this item/service relate to what you are trying to do? \_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:**

CLIENT/REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY : \_\_\_\_\_ DATE: \_\_\_\_\_