



CARE-ILS		<b>Interest List Services</b> (Action Code W21)		Rev. 4/2017
<b>Action:</b> <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Transfer				
Suffix:	First Name:	Middle Name:	Last Name:	
Client ID:	Client: <input type="checkbox"/> MH <input type="checkbox"/> MR	Local Case Number:	Component:	
Service Type	Begin Date (MM-DD-YY)	Status Date (MM-DD-YY)	Status Code	Interest County Code
HCS IL				
TxHmL IL				
Other:				
Other:				
<b>Status Codes:</b>				
1 = Interested (Located and Verified)      2 = Pending (In Process of Enrollment) 3 = Enrolled (Open Service Assignment)    4 = Denied 5 = Withdrawn (Individual/LAR Initiated)   6 = Can't Contact (can't locate, unresponsive) 7 = Removed    8 = Refused Offer    9 = Transferred    10 = Active Military Status				
<b>Required Reporting for IDD</b> Current Living Arrangement (Mark one): <input type="checkbox"/> 1 = Home (with parents/relative) <input type="checkbox"/> 2 = Foster Home <input type="checkbox"/> 3 = Own House (Not with parents) <input type="checkbox"/> 4 = Group Home (ICF/IID) <input type="checkbox"/> 5 = SSLC <input type="checkbox"/> 6 = Other If Other, please specify:  <b>Active Military Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If living at home with parents/relatives, what is the age of main caregiver?</b>  <b>Do you think a move out of the home will be required within a year?</b> <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 2 = No  <b>When does the person want the service(s)?</b> <input type="checkbox"/> 1 = Immediately <input type="checkbox"/> 2 = Within a year <input type="checkbox"/> 3 = Within two years <input type="checkbox"/> 4 = More than two years <input type="checkbox"/> 5 = Services no longer needed		
<b>Preferred HCS Living:</b> <input type="checkbox"/> Host Home Care <input type="checkbox"/> Group Home (SL or RSS)				
Phone Number:		Annual Contact Date (MM-DD-YY):		
Annual Contact Declined? <input type="checkbox"/> Yes <input type="checkbox"/> No (Only for Under 22 in NF or ICF/IID)				
Contact Info and Comments:				
Completed By:			Date:	