



Working Healthy
Making health care work

WORK (Work Opportunities Reward Kansans)

Plan for Independence

Contact Information:

Name:	
Address:	
Street:	
City, State:	
Zip:	
Phone:	
Initial Plan Date:	
Revision Date:	

Social Security Number:	
Medicaid ID Number:	
Birth date:	
Gender:	
County:	
SRS Regional Area:	
SRS HSS Worker:	
Annual Assessment for WORK Date:	
Annual Medicaid Eligibility review Date:	

Assistive Services

What types of Assistive Technology and services do you currently use to support your independence? _____

Briefly describe any Assistive Technology services you need this year, how this will increase your independence, employment, health and safety or prevent institutionalization, and an estimated overall cost.

Technology	Justification statement	Estimated Cost	Estimated PAS savings

Allocation Total

Total Weekly hours		Hrs.
Total Weekly hours x 4.33 =	Hrs.	(Total Monthly hours)
Total Monthly hours X \$13.25	\$.	(Total Allocation)

Calculation:

Total Weekly hours x 4.33 = Total Monthly hours

Total Monthly hours x \$13.25 = Total Allocation

Signatures:

The times and activities on this form are estimates of the times and activities necessary to support my independence. I participated in the development of this document, and agree that it reasonably reflects my support needs.

Signature of Beneficiary

Date

Approval of this Plan for Independence

Signature of WORK Program Manager

Date