

# Lee County, Iowa HCBS Waiver Funding Request

Consumer:		Case Manager:	
Date:	<b>April 15, 2010</b>	TCM Agency:	<b>DHS Case Management-Lee Co.</b>

New:	<input type="checkbox"/>	Renewal:	<input type="checkbox"/>	Change:	<input type="checkbox"/>	Termination:	<input type="checkbox"/>		
Service:				Rate:	\$	Per Unit:		Total Units:	
Service Period:			to						
Total Cost of Service:	\$	Approximate Cost to Lee County (38% of Total Cost):				\$			
Provider Agency:						City:			

Brief paragraph explaining service needs.

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Provider Agency:						City:			

Brief paragraph explaining service needs.

Submitted By:

\_\_\_\_\_  
Targeted Case Manager

\_\_\_\_\_  
Date

Approved By:

\_\_\_\_\_  
Chairperson, Lee County Board of Supervisors

\_\_\_\_\_  
Date