

NOTICE OF DECISION FOR LEE COUNTY FUNDING MH/MR/DD SERVICES
REQUEST:

Date _____ Consumer's Name _____

Address _____ Social Security Number _____

Parent/Guardian (If Applicable) _____ Application Completed ___ Yes ___ No

Services Requested: Psych Rehab ___ Day Treatment ___ Supported Employment ___

Transportation ___ SCL ___ Sheltered Workshop ___ Work Activity ___

RCF ___ RCF/MR ___ RCF/MI ___ Case Management ___ ICF/MR ___

Other ___ Explanation Of Request: _____

Requested Dates of Approval _____ To _____ Service Cost \$ _____ Per: Day Hour Month
(circle one)

Payable To _____ Funding Requested By _____

DECISION:

Date Of Decision _____ Action: Approval ___ Denial ___ Pending ___

Approved _____ To _____ Cost Approved \$ _____ Per Day Hour Month
(Circle One)

Explanation _____

Consumer responsible for paying for part of the following service: _____

Amount \$ _____ Per _____ Payable to _____

Prohibition Against Discrimination: This action was taken without regard to race, creed, color, sex, age, religion, national origin, or political belief. Right to Appeal: If you are dissatisfied with any action or failure to act with regard to an application for MH/MR/DD services from Lee County, you, your representative, or provider have the right to appeal in accordance with the provisions of the Lee County Mental Health Services Management Plan. You should be aware, however, that any appeal must be filed within 30 days of the issuance of the notice of decision concerning that action. Appeal forms and instructions may be obtained from: Central Point of Coordination , P.O. Box 190, Fort Madison, IA 52627.

Legal Settlement:

County _____ State _____ County of Residence _____

County C.P.C. Office Financially Responsible (Legal Settlement) _____

Authorization _____ Date _____

Lee County Central Point of Coordination Office, P.O. Box 190, Fort Madison, IA 52627