

NOTIFICATION OF DELAY OF ASSESSMENT/SERVICES

Client Name: _____

Organization: _____

The assessment for the above client has been delayed due to the following reasons:

- Client's health status unstable
- Client's supporter not available
- Client not available for assessment

Other: _____

The implementation of the plan of care for the above client is delayed due to the following reasons:

- Client's health status unstable
- Client's supporter status unstable
- Client's financial information under review by DSS
- Client's service providers unable to confirm availability of services
- Client or supporter uncertain about accepting the CHCP
- Client's date of discharge from hospital/nursing facility in question
- Client's housing problem requires resolution

Other: _____

The anticipated date the above situation(s) will be resolved is: _____

Signature: _____

Date: _____