

										BIRTHDATE		
A	CNTY	RECIPIENT #	CD	SEQ #	AID CODE	SOCIAL SECURITY NO.	SEX	MONTH	DAY	YEAR		
	36	2456789	1		60	000-00-0000	0	0	0	0		
B	LAST NAME					FIRST NAME					MI.	
	Doe					Jane						
C	STREET				CITY			STATE	ZIP CODE / CT			
	12345 Main Street				Anytown			CA	0			
D	TELEPHONE #		DIS. PREP.		GUARDIAN / CONSERVATOR							
			ZED									
E	STREET				CITY			STATE	ZIP CODE / CT			
F	STATUS	PRIM.DIAG.	CITIZEN	ETHNIC	LANG	OTH. / COV.	SSNV	HIC. / RR.#			FBU #	
	E			2	7							
G	SPOUSE / PARENT	# HH	# RCP	RES	L/A	# ROOMS	YARD	WASHER	DRYER	STOVE	REFRIG.	
	00	2	1	01	02	6	Y	Y	Y	Y	Y	

H	Housework	Laundry	Shopping & Errands	Meal Prep & Clean-Up	Mobility / Inside	Bathing & Grooming	Dressing	Bowel, Bladder & Mensttual	Transfer	Eating	Respiration	Memory	Orientation	Judgement	Functional Index	Functional Index Hours	W/O IHSS	Need Provider
	4	5	5	4	1	4	4	3	1	3	1	5	5	5	0	0	0	0
I	SHARE OF COST DATE		LINK	DEP	SOURCE		INCOME			DEDUCT			COUNTABLE INCOME					
			D				-											
J	SOURCE		INCOME		DEDUCT								BENEFIT CODE / LEVEL					
K							SHARE OF COST											
L	MODE	RATE		HOURS		MODE	RATE		HOURS		RECOVERY							

M	ACT	BEG DATE	ENDING DATE	GROSS AMOUNT	MODE	RATE	HOURS	SHARE OF COST	TYPE	PAY OPT
	D									
N	D									
O	D									

P	APPLICATION DATE	REF	FACE TO FACE DATE	COUNTY USE		
	12/5/2011		11/20/12	RV INCR		
Q	D / O	SERVICE WORKER NAME			SW. #	SERVICE WORKER PHONE #
					-	135
						909-383-9709

R ALERT MESSAGE
NOA MESSAGE

S AUTHORIZATION: _____ DATE: _____ REMARKS: _____ Approval _____

T VALIDATION: _____ DATE: _____ REMARKS: _____

LAST NAME & #		SEQ#	TOTAL NEED	ADJUSTMENTS	INDIVIDUAL ASSESSED NEED	ALTERNATIVE RESOURCES	AUTH TO BE PURCH	UNMET NEED	COUNTY USE
36 2456789 1									
AA	Domestic Services		5.00	2.00	3.00	-	3.00		
BB	* Preparation of Meals		7.70	3.50	4.20	-	4.20		
CC	** Meal Clean Up		2.33	1.17	1.17	-	1.17		
DD	Routine Laundry, Etc.		1.50	0.75	0.75	-	0.75		
EE	Shopping For Food		1.00	0.50	0.50	-	0.50		
FF	Other Shopping & Errands		0.50	0.25	0.25	-	0.25		
GG	Heavy Cleaning		-	-	-	-	-		
HH	* Respiration		-			-	-		
II	* Bowel & Bladder Care		1.40			0.33	1.07		
JJ	* Feeding		1.05			0.25	0.80		
KK	* Routine Bed Baths		-			-	-		
LL	* Dressing		1.75			-	1.75		
MM	* Menstrual Care		-			-	-		
NN	* Ambulation		-			-	-		
OO	* Moving In/Out of Bed		-			-	-		
PP	* Bathing, Oral Hygiene, Grooming		3.62			-	3.62		
QQ	* Rubbing Skin, Repositioning, Etc.		-			-	-		
RR	* Care & Assistance with Prosthesis		0.23			-	0.23		
SS	Accompaniment To Medical Appointment		0.04			-	0.04		
TT	Accompaniment To Alternative Resource		-			-	-		
UU	Remove Weeds, Rubbish		-			-	-		
VV	Remove Ice, Snow		-			-	-		
WW	Protective Supervision		168.00	15.06		107.91	45.03		
XX	Teaching & Demonstration		-			-	-		
YY	* Paramedical Services		-			-	-		
ZZ	NOA	RSN. CD.	RSN. CD.	RSN. CD.	RSN. CD.	BEGINNING DATE	ENDING DATE	ADVANCE	MEAL ALLOW
	M C N					12/1/2012	11/30/2013	N	N
aa	MONTHLY HRS.	WKLY.HRS.	MEAL HRS (BB+CC+EE)	MO. HRS	TOTAL	PURCHASE	UNMET NEED		
	AUTHORIZED	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	=	-	X4.33	=	+	260.21	-	=	