

DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK
Chapter 2, Intake, Screening, Prioritization, Assessment, and Case Management

Section V: Attachment 2

Care Plan (DOEA Form 203A)

Page _____ of _____				Client:				Care Plan Date:				
Case Manager:				DOB:				Care Plan Review Date:				
Provider #:				SSN:								
Worker ID:				Caregiver/Designee:								
Services Needed						Services Planned						
Date	Service	Units	Type	Frequency	End Date	Program	Units	Type	Frequency	Start Date	End Date	
Provider: DOEA Funded Source: (1) OAA, (2) CCE, (3) HCE, (4) ADI, (5) LSP, (6) Other (Specify)						Provider: Non-DOEA Funded Source: (1) Family and Friends (2) Local Government, (3) Faith Based, (4) Other Non-Profit Association						
DOEA Funded Care Plan Total Cost:			Non-DOEA Funded Care Plan Total Cost:			Care Plan Total		Co-Pay Amount (circle CCE or ADI)				
<p>I have participated in developing this care plan through discussion regarding my assessed needs, and the services and service providers available to help meet those needs. I understand that the amount of assistance I receive is dependent upon my ability and preference. I understand I am entitled to a grievance review if my services are reduced, changed, or terminated. I authorize the provider to release information concerning the services I receive under all programs to the Florida Department of Elder Affairs.</p>												
Client:			Caregiver and/or Designee:				Date		Case Manager:		Date:	

2-60 July 2021 *Your Social Security Number (SSN) is confidential under law. We may not collect your SSN unless we explain the reason for collecting your SSN in writing and provide the applicable statutory authority for doing so. Certain provisions of Chapter 430, Florida Statutes, read with Section 119.071(5), Florida Statutes, specifically authorize the Department of Elder Affairs (DOEA) and its designated staff/employees to collect SSNs when authorized by law or when collection of SSNs is imperative to the performance of DOEA's statutorily assigned duties. The Department is collecting your social security number as part of its responsibility to conduct intake and screening related assessments.