



## CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) Service Evaluation Form

☐ New CDASS Member

☐ New HCBS Member

This page is required for initial referrals only. Do not complete for re-trainings or AR transfers.

**List all services member is currently receiving or any support member received prior to HCBS enrollment; Please include frequencies and duration:**

*Example: Adult Day Program 3 half days per week, Personal Care 3 days/wk @ 4 hours per visit, RPCP 37 hours/month*

**List all of the member's natural supports; Please include frequency and duration for tasks being performed:**

*Example: Member's Mother providing assistance with bathing 3-4 times per week and dressing 7 days per week as an unpaid natural support.*

**With transition to CDASS, are the services increasing from current? Decreasing? Please provide explanation.**

*Example - Natural Supports are no longer able to provide unpaid care and will be paid as a CDASS attendant to ensure the member's health and safety needs are met.*

**Other pertinent information:**

Please send referral form to CDCO: fax 866-924-9072 or [infoCDCO@consumerdirectcare.com](mailto:infoCDCO@consumerdirectcare.com)