AZ060-N120
3141 N 3rd Avenue
Phoenix AZ 85013

602.745.7971
602.674.3891 Fax

SELF DIRECTED ATTENDANT CARE REPORTING FORM

Member Name: _____ **Phone Number:** _____

Member AHCCCS ID (if available): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Person completing report: _____ **Phone #:** _____

Date of Concern: _____

Time of Concern: _____

Explain the Concern (include who, what, where, when, how and why) and the Action Taken:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Have you notified the Case Manager: ☐ Yes ☐ No

CM Name: _____

Phone Number: _____

Date/Time Contacted: _____

☐ Please check here if you would like a copy of this report returned to you.

******SUBMIT THIS DIRECTLY TO YOUR EVERCARE CASE MANAGER******