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Charlotte, MI 48813
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# Personal Care Services Authorization

**STUDENT:** _____ **DOB:** _____

**PRIMARY DISABILITY:** _____ **ATTENDING DISTRICT:** _____

**PERSONAL CARE SERVICES** are a range of human assistance services provided to persons with disabilities and chronic conditions which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him/her self.

Personal Care Services may include, but are not limited to, assisting with the following. Please indicate with a check mark all services that the above named student may require on a daily basis:

- ❒ Eating/feeding;
- ❒ Toileting;
- ❒ Dressing;
- ❒ Ambulation;
- ❒ Mobility/Positioning;
- ❒ Skin care;
- ❒ Maintaining continence;
- ❒ Redirection and intervention for behavior;
- ❒ Respiratory assistance;
- ❒ Grooming;
- ❒ Transferring;
- ❒ Personal hygiene;
- ❒ Meal preparation;
- ❒ Bathing;
- ❒ Assistance with self-administered medications;
- ❒ Health related functions through hands-on assistance, supervision and cueing.

**Authorization**: I authorize that the above named student requires personal care services due to their disability or medical condition. This authorization is valid for a 12 month period beginning with IEP/IFSP date identified above.

Licensed Practitioner Name (Printed):_____Phone: _____

Licensed Practitioner Signature: _____ Date: _____

**This authorization must be updated annually and kept in the student's record for seven years.**
**Form Last Updated: July 15, 2020**