

## INSTRUCTIONS FOR DHS 1641

### MEDICAL STATEMENT

#### PURPOSE:

The DHS 1641 shall be initiated by the Adult and Community Care Services Branch (ACCSB) worker when there is reason to believe that an applicant's or recipient's physical condition prevents that individual from performing functions for daily living. The information on the DHS 1641 shall be used for the purpose of determining the applicant's or recipient's eligibility for services provided by the ACCSB.

#### SPECIFIC INSTRUCTIONS:

1. ACCSB worker shall enter the unit name and address (top right-hand corner) where the completed DHS 1641 is to be returned.
2. **Consent to Release Information:** *Have* the applicant or recipient print, or type, his or her name, birth date, address in the spaces provided, and check the appropriate box for the individual's sex. *Have* the applicant, recipient, or the legal guardian for the applicant or recipient sign and date the form.
3. *Instruct* the applicant or recipient to have the DHS 1641 completed by his or her physician, physician assistant (PA), or advanced practice registered nurse (APRN). The completed form shall be returned to the ACCSB Unit specified at the top of page one.

#### FORM DISTRIBUTION:

Complete only (1) copy. File the completed DHS 1641 in the case file.

#### FORM SUPPLY:

Units are to reproduce and stock own supply.