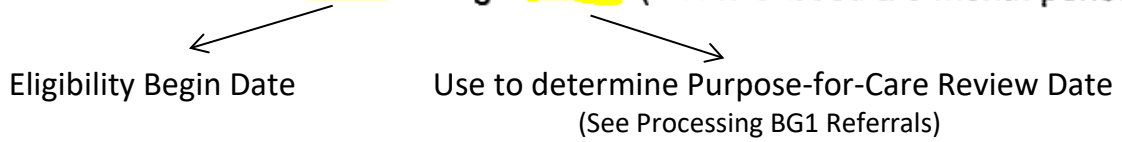


Key for 12 Month Eligibility

Protective Services Referral:

Care Authorization from [redacted] through [redacted] (Not to exceed a 6 month period)



Education/School Verification Form:

Course Semester Begins: ____/____/____ Course Semester Ends: [redacted] / [redacted] / [redacted]



MOD:



Date client must establish purpose for care. (Reestablishment Date)

Based on referral/semester end (+3mo) date or 3 month reestablishment date