

Amount Implementation Meeting (AIM) Worksheet - APD 2015-01

Discussion on iBudget Amount

Date: _____ Individual: _____ Legal Rep: _____ Attendees: _____ WSC: _____ Algorithm Amt: _____	Date of Enrollment: _____ Field Office: _____ Region: _____ PIN: _____ Date of Birth: _____ Proposed iBudget CP: _____
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Please identify Significant Additional Needs that justify funding to exceed the algorithm amount.

I have met with my Waiver Support Coordinator to discuss my iBudget.

Individual or Legal Representative (Signature) _____ Date: _____
 Individual or Legal Representative Printed Name _____

For Regional Office Use Only

Waiver Unit Staff Member Notes: *Attach a page if space here is not sufficient.	

Total of services required to meet Significant Additional Needs: _____	
Total of all services: _____	<input type="checkbox"/> APPROVED
Final Recommended Amount: _____	<input type="checkbox"/> NOT APPROVED
Signature of ROM: _____	Date: _____

