State of New Hampshire
Department of Health and Human Services
Bureau of Elderly and Adult Services

3502
01/23

CONTRACT SERVICE AUTHORIZATION- New Authorization

Provider Name
Provider Address
Provider Address
City, State, Zip

Date
NHIFS Vendor #
District Office Code
Provider Site

Client Name _____ Gender ☐ Female ☐ Other ☐ Unknown Client DOB _____
First Middle Last ☐ Male ☐ Transgender MM/DD/YYYY

Age Range _____ Living Arrangement _____

Client Address _____ Monthly Income _____
Street Apt #

_____ Veteran Indicator ☐ Yes ☐ No ☐ Unknown
City/Town State Zip

Title XX Services:

_____105 - AGDC - XX Start Date _____-_____-_____ End Date _____-_____-_____
_____153 - AGDC - XX Telehealth Start Date _____-_____-_____ End Date _____-_____-_____
_____151 - In Home Care - XX Start Date _____-_____-_____ End Date _____-_____-_____
_____138 - Nutrition HD - XX** Start Date _____-_____-_____ End Date _____-_____-_____

Title III (NAPIS) Services:

_____152 - In Home Care - IIIB Start Date _____-_____-_____ End Date _____-_____-_____
_____386 - Nutrition HD - IIIC** Start Date _____-_____-_____
_____387 - Nutrition Congregate - IIIC** Start Date _____-_____-_____
_____397 - Nutrition Congregate RVP - IIIC** Start Date _____-_____-_____
_____395 - Nutrition HD - ARPA** Start Date _____-_____-_____
_____398 - Nutrition Congregate - ARPA** Start Date _____-_____-_____
_____356 - Nutrition Cong-HD IIIC** Start Date _____-_____-_____
_____399 - Nutrition HD – Grab N Go - IIIC** Start Date _____-_____-_____
_____388 – Nutrition HD - HCBS ARPA Start Date _____-_____-_____
_____305 - AGDC - IIIB Start Date _____-_____-_____
_____353 - AGDC - III Telehealth Start Date _____-_____-_____
_____331 - Home Health Aide Start Date _____-_____-_____

****Nutrition Risk Score _____**
Applies only if Authorizing Congregate and/or Home Delivered Meals

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Please provide Race, Ethnicity and Income Range if authorizing one or more Title III services.

Race
☐ African American or Black
☐ American Indian/Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Hispanic Origin
☐ Not Given/Missing

Ethnicity
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Poverty Status
☐ At or Below the Poverty Level
☐ Greater than the Poverty Level
☐ Unknown
Calendar year 2023, the monthly poverty level is $1,215.00

Please provide ADL and IADL Status for all Title III and Title XX service authorizations except for Congregate Meals.

ADL Status	Yes	No		Yes	No
Bathing	☐	☐	Transfer Bed	☐	☐
Dressing	☐	☐	Eating	☐	☐
Toileting	☐	☐	Walking	☐	☐

IADL Status	Yes	No		Yes	No
Preparing Meals	☐	☐	Use of Telephone	☐	☐
Personal Shopping	☐	☐	Heavy Housework	☐	☐
Medication Mgt	☐	☐	Light Housework	☐	☐
Money Mgt	☐	☐	Transportation Ability	☐	☐

☐ Requesting Service Without Regard to Income
(Attach Documentation)

Provider Signature Date