

Kansas Department for Aging and Disability Services

Brain Injury Program Eligibility Attestation

(This form may be used in place of submittal of medical records)

PATIENT INFORMATION		
Patient Name:	Date of Birth:	Social Security Number:
Patient Address:		
Name of Clinic or Hospital:		Phone Number:
Date of brain injury or diagnosis:	Was the patient under your care at the time of the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brain Injury Diagnosis:		
Cause of Brain Injury:		Is this brain injury due to: (select one)
<input type="checkbox"/> Fall (resulting in forceful blow to head) <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Assault <input type="checkbox"/> Stroke/vascular accident	<input type="checkbox"/> Anoxia <input type="checkbox"/> Tumor <input type="checkbox"/> Infection <input type="checkbox"/> Other: _____	<input type="checkbox"/> A chromosomal condition <input type="checkbox"/> A congenital condition <input type="checkbox"/> Neither a chromosomal nor congenital condition <input type="checkbox"/> Unknown
Recommended Brain Injury Therapies: (check all that apply)		
<input type="checkbox"/> Cognitive <input type="checkbox"/> Behavioral <input type="checkbox"/> Physical <input type="checkbox"/> Speech <input type="checkbox"/> Occupational		
ATTESTATION		
I have completed a review of the patient's records and attest that the patient meets the diagnostic criteria and demonstrates a need for <i>rehabilitative therapy services as a result of a brain injury</i> . I understand that KDADS HCBS Waiver definition of a brain injury includes both <u>acquired</u> or <u>traumatic</u> head injuries. Brain injuries diagnosed as <u>chromosomal or congenital</u> do not qualify for the HCBS Brain Injury Waiver.		
_____ Medical Professional Signature, Title		_____ Date
_____ Print Name, Title		

* Must be completed by a Qualified Medical Professional, which is defined as: any individual granted the authority to make medical diagnosis by a licensing board in the State of Kansas (such as: MD, DO, PA-C, APRN or Neuropsychologist).