



RMS Worksheet — Foster Care/SLS Daily

TODAY'S DATE

Provider information

Foster care	SLS daily	PROVIDER NPI	PROVIDER NAME	PROVIDER PHONE NUMBER
PROVIDER CONTACT EMAIL		ADULT OR CHILD? Adult Child		PROVIDER TYPE? Corporate Family

General information

RECIPIENT NAME	RECIPIENT PMI	RECIPIENT DATE OF BIRTH	
ADDRESS WHERE RECIPIENT RECEIVES FOSTER CARE/SLS DAILY			
COUNTY OF RECIPIENT RESIDENCE	SERVICE START DATE	SERVICE END DATE	TOTAL UNITS BETWEEN START AND END DATES

Average shared direct care staff hours per day

DAYTIME HOURS	OVERNIGHT HOURS	LICENSED CAPACITY
Does the person require awake overnight staff? Yes No		
If yes, how many total residents require awake overnight staff? _____		
REMOTE AWAKE HOURS	NUMBER OF REMOTELY MONITORED RESIDENTS	

Average individual direct care staff hours per day

DAYTIME HOURS	OVERNIGHT HOURS	
LPN ASSESSMENT/TREATMENT HOURS	RN ASSESSMENT/TREATMENT HOURS	REMOTE AWAKE HOURS

Transportation/customization

TRANSPORTATION No transportation Adapted vehicle with lift Standard vehicle	CUSTOMIZATION Yes No
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