



**Puzzle Pieces, Inc.**  
**Membership Form, 1<sup>st</sup> Step to Referral**

**Puzzle Pieces/Center Piece Membership Form**

**Client Information**

Client Name:			Birth date (MM/DD/YYYY)
Permanent Address:			Current Age:
City:	State:	Zip:	Grade (if in school)
Primary Disability:		School attended/attending:	
Does Client Reside with: One Parent    Both Parents    Guardian		Other:	

**Guardian Information**

Mother/Guardian's Name:		
Address:		
City:	State:	Zip:
Email:	Home Phone:	Cell Phone:

Father/Guardian's Name:		
Address:		
City:	State:	Zip:
Email:	Home Phone:	Cell Phone:

Please circle which level best describes the client. Please note that the Level of Need will be discussed further in the **INTAKE** process, but the information you provide below just gives some insight on the planning process. Level 1 being the most care needed by a staff (, feeding, toileting, etc.)

1. The client's level of need is:    Level 1    Level 2    Level 3    NOT SURE
2. If the client has not yet graduated from high school and you are signing them up for the afterschool/summer/holiday session(s), do you plan for them to attend the Adult Day Session after graduating?    YES    NO



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3. What year will your child/adult graduate from high school? \_\_\_\_\_  
(remember they can attend until they are 21 years of age)
  4. If your child is attending the afterschool session, will they ride the school bus to Puzzle Pieces?  
YES NO
  5. Which district does your child attend or did attend (i.e., DCPS, Owensboro City, etc.)?
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### **Service Options**

#### **Payment Options:**

Payment options for services are described in detail below, but we offer Private Pay membership or we can bill Medicaid only through the Michelle P. Waiver/SCL Day Training/Personal Access. Currently, we do not bill private insurance.

#### **Private Pay Option:**

Loved ones can pay for services at a weekly payment rate for a Full-Time or Part-Time Membership plan. The membership plans are based on a weekly rate for the number of days attended. Private Pay options clients will be billed to secure placement, even when absences may occur.

#### **Private Pay Full-Time Membership:**

Full-Time Membership consists of client attending 3 or more days in one week. This membership rate is not based on hours attended. A client can attend up to 10 hours (7:30am-5:30pm) or as little as 1 hour a day, but this will still be classified as attending a day. Full-Time membership is a weekly fee based on client' level of care.

#### **Private Pay Part-Time Membership:**

Part-Time Membership consists of client attending 2 days or less a week. This membership rate is not based on hours attended. A client can attend up to 10 hours (7:30am-5:30pm) or as little as 1 hour a day, but this will still be classified as attending a day. Part-Time membership is a weekly fee based on client' level of care.

#### **Michelle P. Waiver Traditional Community Living Supports/MPW Adult Day Training/SCL Day Training, and Personal Assistance**

A client who receives Michelle P. Waiver supports can attend our services with no cost to the family. The guardian must contact their Case Manager to let them know of their desire to use Michelle P. Waiver, Community Living Support to access the services provided by Puzzle Pieces. The Case Manager can work with you along with our Program Directors to decide how many units/hours need to be requested for the services to meet the needs of your loved one. For those families who have Consumer Directed Option through the Michelle P. Waiver you have the option of doing blended services. Blended Services would allow you to have Personal Care and other forms of care under the Consumer Directed Option and to use traditional services for Community Living Supports as well. Our adult day center, Center Piece supports MPW or SCL Day Training for those adults needing a person-centered environment that supports the desire of clients to become more independent, socially accepted, and learn skills to maximize efforts in securing employment and/or volunteer opportunities. Again, you



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must contact your Case Manager to discuss your budget and express your interest in accessing Community Living Supports through Puzzle Pieces or Adult Day Training through Center Piece.

### Michelle P. Waiver/SCL Traditional Respite Supports:

A client who receives Michelle P. Waiver or SCL supports can attend our services with no cost to the family. The guardian must contact their Case Manager to let them know of their desire to use Michelle P. Waiver or SCL, Respite support to access the services provided by Puzzle Pieces. A respite budget runs via calendar year January through December. A respite budget consists of \$4,000 a year. If using Respite services at Puzzle Pieces that budget breaks out: 266 hours year. Again, you must contact your Case Manager to discuss your budget and express your interest in accessing Respite through Puzzle Pieces. Our Program Directors or our main office would be happy to assist you in answering questions concerning this service and collaborating with you and your Case Manager in receiving this service.

<b>Service Payment Options</b>	
<b>Private Pay Membership</b>	
Will you be a <b>private pay client</b> under our Exclusive Care Membership fees?    YES    NO	
<b>Full-Time (3 days or more)    or    Part-Time (2 days or less)</b>	
<b>Michelle P Waiver/SCL Traditional Services</b>	
Do you have Michelle P. Waiver services? <b>Yes</b> <b>No</b> _____	
If no are you on a waiting List for Michelle P. Waiver (MRW) services? <b>Yes</b> <b>No</b>	
Do you have Supported Community Living Supports (SCL)? <b>Yes</b> <b>No</b> _____	
Do you currently have Consumer Directed Option, but looking at doing Blended Services to use for Puzzle Pieces to access Traditional Community Living Supports for your loved one? <b>Yes</b> <b>No</b> _____	
Do you need more information on how to access your MPW in getting services at Puzzle Pieces? <b>Yes</b> <b>No</b>	
<b>Case Management Information</b>	
Name of Case Manager: _____.	
Case Manager Agency:    River Valley    GRADD    AP Case Management    A1 Case Management	
Other: _____.	
Do we have permission to call your Case Manager? _____.	
Is your Case Manager aware of the services you would like to seek at Puzzle Pieces? <b>Yes</b> <b>No</b>	



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<b>Services Breakdown</b>				
Circle the "time-frame"/session of services you are looking for, for your loved one:				
<b>Adult Day</b>	<b>Afterschool</b>	<b>Holiday</b>	<b>Summer</b>	<b>Adult Day Training</b>

Full-Time Attendance Plan: Attending 3 Days or More/ 20 hours or more

Part-Time Attendance Plan: Attending 2 Days or Less/ 20 hours or less

### Please mark which Adult Program you are interested in attending.

<b>Adult Day Program at Puzzle Pieces (51 weeks)</b>				
<b>Adult Day Training at Center Piece (51 weeks)</b>				
Circle what days you are needing services for: <b>Full-Time</b> <b>Part-Time</b>				
If <b>Full-Time</b> How many days/hours a week do you need services:				
Mon. - _____ hrs.	Tues. - _____ hrs.	Wed. - _____ hrs.	Thurs. - _____ hrs.	Fri. - _____ hrs.
If <b>Part-Time</b> How many days/hours a week do you need services:				
Mon. - _____ hrs.	Tues. - _____ hrs.	Wed. - _____ hrs.	Thurs. - _____ hrs.	Fri. - _____ hrs.
Will they be transported to Puzzle Pieces by G.R.I.T.S? <b>Yes</b> <b>No</b>				
Will they be transported to home from Puzzle Pieces by G.R.I.T.S? <b>Yes</b> <b>No</b>				
<b>Afterschool Session (36 weeks)</b>				
How many days/hours a week do you need services:				
Mon. - _____ hrs.	Tues. - _____ hrs.	Wed. - _____ hrs.	Thurs. - _____ hrs.	Fri. - _____ hrs.
Will they ride a bus to Puzzle Pieces? <b>Yes</b> <b>No</b>				
Do they have T-5 on their IEP to be transported on special services buses? <b>Yes</b> <b>No</b>				
<b>Holiday Session (approximately 23 days a year)</b>				
Do you need services during Spring Break? <b>YES</b> <b>NO</b>				
Do you need services during Fall Break? <b>YES</b> <b>NO</b>				
Do you need services during Christmas Break? <b>YES</b> <b>NO</b>				
Do you need services during Thanksgiving Break? <b>YES</b> <b>NO</b>				
Do you need services during school cancellations (snow days, professional days, holidays, etc.)? <b>YES</b> <b>NO</b>				
<b>Summer Session (9 weeks)*</b>				
Circle which membership you plan for your child to be: <b>Full-Time</b> <b>Part-Time</b>				



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If **Full-Time Member**, how many days/hours a week do you plan for your child to attend:

Mon. - \_\_\_\_\_ hrs.    Tues. - \_\_\_\_\_ hrs.    Wed. - \_\_\_\_\_ hrs.    Thurs. - \_\_\_\_\_ hrs.    Fri. - \_\_\_\_\_ hrs.

If **Part-Time Member**, how many days/hours a week do you plan for your child to attend:

Mon. - \_\_\_\_\_ hrs.    Tues. - \_\_\_\_\_ hrs.    Wed. - \_\_\_\_\_ hrs.    Thurs. - \_\_\_\_\_ hrs.    Fri. - \_\_\_\_\_ hrs.

\*Our summer session will not be open the week of July 4th. Every summer the full week that July 4th falls in Puzzle Pieces will be closed so that our staff may enjoy a scheduled vacation with their families.

Please list concerns, questions, or any other comments here. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send all forms to:  
Puzzle Pieces, Inc.  
1512 Frederica St.  
Owensboro, KY 42301**

**THANK YOU!**