

SELF DIRECTION

USE OF TWO CSW'S AT ONE TIME

This form must be attached to the Support and Spending Plan when the Participant and their support team determine there is a need for two CSW'S to bill at the same time for the same task during any part of the support schedule.

Documentation must support one or more of the following:

- The participant's health and safety cannot be assured without a second Community Support Worker (CSW). Identify specific barriers without the use of a second CSW. and
- The Support and Spending plan costs are within the participant's assigned budget. and
- The use of a second CSW provides for the participant's needs without using a more costly support.

Comment section: This section must include documentation to support one or more of the above areas.

Participant Name: _____

Care Manager Approval: _____

Date: _____