

Impact Plus Service Coordination Providers

Boy's Haven	contact Melanie Minter at 458-1171
Brooklawn Child and Family Services	contact Colleen White at 451-5177
Family Links of Kentucky	contact Kay Hunter at 458-4530
Home of the Innocents	contact Misty Gittings at 596-1222
Transformations	contact Laura Krebs Lewis at 744-3194

Freedom of Choice

For Initial Service Coordination/Case Management:

If my child is accepted into the IMPACT Plus Program, I understand that I have a choice of service coordinators/targeted case managers. I have reviewed the list of Sub-contractors for service coordination/targeted case management and have had the opportunity to ask questions of those Sub-contractors if I so desired.

If my child is approved for Impact Plus services, I choose the following Sub-contractor for service coordination/targeted case management:

I understand that the choice of Sub-contractors is my responsibility and right as the parent/guardian. I further understand that I have the right to contact the Sub-contractors prior to selection so that I may determine the best Sub-contractor for my child.

Signature of parent/guardian: _____

Date: _____

*For Future Services as determined by the child specific team:

**(This section will be completed after the child is accepted for Impact Plus services)*

My child's team and I have determined that the following service(s) is/are needed for my child: _____

I have reviewed the list of Sub-contractors for the service(s) and choose the following Sub-contractor(s):

I understand that the choice of Sub-contractors is my responsibility and right as the parent/guardian. I further understand that I have the right to contact the Sub-contractors prior to selection so that I may determine the best Sub-contractor for my child.

Signature of parent/guardian: _____

Date: _____



Transformations

Hope for today's families LLC

IMPACT PLUS PROVIDER

I understand that _____ is assisting in my request for applying for Impact Plus eligibility. I understand that this does not mean that my child/ward qualifies for any services via this program or provider at this time.

I understand that the above named individual may need to request additional information to complete the eligibility packet which may delay the process. In the event of a crisis with my child/ward during this time I will access assistance by contacting my current healthcare provider or 911.

I understand that Transformations has not accepted my child/ward as a client, nor have they agreed to provide any services beyond completing the Impact Plus eligibility packet. I understand I will be notified by phone or mail in the event my child/ward is accepted into the program and at that time I will be free to choose Impact Plus providers for services.

Parent/guardian date

Witness date