

**GREEN VALLEY ENTERPRISES, INC**  
**PARTICIPANT SERVICE ORDER [PSO]**

GVE Case Manager: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**BASIC PARTICIPANT INFORMATION**

New Participant       Discharge       Change in Service or Schedule

Participant Name: \_\_\_\_\_

Address, City, St, Zip: \_\_\_\_\_

Transportation Address:  Check if same as address above, or enter Street Address / City below:

\_\_\_\_\_

**PROGRAM & CARE INFORMATION (Check all that apply)**

Adult Day       SNAP       WRS       Bath       Meals

Level I       Level II       Level III       Level IV      Hourly Rate: \$ \_\_\_\_\_

Y  N  Seizure?      Y  N  Ambulatory?      Y  N  Impaired Vision?      Y  N  Med Distribution?

Y  N  Wander?      Y  N  Toilet Asst?       Other: \_\_\_\_\_

Notes: \_\_\_\_\_

<b>SCHEDULE INFORMATION</b>	<b>CWCode</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>
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Enter "1" for a <b>Trans Pickup</b> :	T2003	_____	_____	_____	_____	_____
Enter "1" for a <b>Trans Drop-Off</b> :	T2003	_____	_____	_____	_____	_____
Care <b>Hours</b> (eg. 8AM – 3PM):	S5100	_____	_____	_____	_____	_____
Care <b>Units</b> (Care WI Only):	T2021	_____	_____	_____	_____	_____
Enter "1" for a <b>Bath</b> :	T1019	_____	_____	_____	_____	_____

Notes: \_\_\_\_\_

**FUNDING INFORMATION**

IRIS       Dodge County       Other County: \_\_\_\_\_       Family Care - Care WI Care Mgr: \_\_\_\_\_

Private Pay: Payor: \_\_\_\_\_ Relationship: \_\_\_\_\_ Payor's Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Payor's Payment Agreement Attached?

Billing Address, If Different: \_\_\_\_\_  Yes       No

Funding notes: \_\_\_\_\_

*Information in this document is confidential means protecting the privacy of all participants, their families and caregivers. This includes a participant's identity, diagnosis, description of situation or events, and this information is not to be discussed outside of this facility.*