State of Oklahoma
Department of Human Services

Personal Care Agency Referral

Copy to: ☐ Provider ☐ File

Client name Last	First	MI
OKDHS case number	Unique identification number	Social Security number

The above named client has been determined eligible to receive services under the Oklahoma Medicaid Personal Care Program. As of the date of service plan certification (attached), , a Medicaid certified personal care (PC) provider agency, has been authorized to provide units of PC per month in accordance with the Personal Care Program authorized service plan.

Attached are copies of:

- ☐ Form AG-4, Personal Care Plan;
- ☐ Form AG-5, Personal Care Planning Schedule;
- ☐ Form AG-6, Personal Care (PC) Service Plan;
- ☐ Form AG-2, Part I, Uniform Comprehensive Assessment;
- ☐ Form AG-2, Part III, Uniform Comprehensive Assessment; and
- ☐ Other (Explain):

Please ensure a copy of each of the forms indicated is included in this consumer packet.

Comments:

OKDHS nurse signature

Date

Phone	Fax	County office
Address City	State	Zip

Original - with attachment(s), client's chosen Medicaid certified personal care provider agency
Copy - OKDHS nurse case file