

**Discharge Assistance Project- Individual DAP PLAN (IDAPP)**

<b>RFD Date</b>		<b>Plan Type:</b>	<input type="checkbox"/> Ongoing Plan	<input type="checkbox"/> One-Time Plan	<b>Plan Start Date</b>		<b>Plan End Date</b>	
<b>First Name</b>		<b>Last Name</b>			<b>Legal Status:</b>	<input type="checkbox"/> Civil	<input type="checkbox"/> NGRI	<b>ID/DD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>State Hospital</b>		<b>Patient ID #</b>			<b>State Hospital Admission Date</b>		<b>State Hospital Discharge Date</b>	
<b>DAP CSB</b>		<b>CSB ID#</b>			<b>Out of Region:</b>		<b>Transfer Due Date</b>	
<b>Insurance Plan</b>		<b>Insurance Plan Type</b>			<b>Income Type</b>		<b>Total Amount Per Month</b>	

<b>Ongoing DAP</b>	<b>One-Time DAP</b>
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Code	Core Service Category/Subcategory	Notes	Projected Months Needed	Unit Cost	Projected Annual Units	Projected Annual Cost	Projected Other Funds (medicaid, SSI, etc.)	Self Pay	IDAPP Cost
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
						\$ -			\$ -
	OTHER -					\$ -			\$ -
	OTHER -					\$ -			\$ -
	OTHER -					\$ -			\$ -
	OTHER-					\$ -			\$ -
	OTHER-					\$ -			\$ -
	<b>TOTAL</b>					\$ -	\$ -	\$ -	\$ -

Regional DAP      \$ -

<b>Requested by:</b>		<b>Title:</b>		<b>Date:</b>	
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<b>Regional Approval:</b>		<b>Name:</b>		<b>Title:</b>		<b>Date:</b>	
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