

**North Carolina  
Home Care Independence Program**

**Change Order Notice for  
Financial Management Services**

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

Change Order Information: mark all that apply

- a. The following Personal Assistant has been terminated from employment effective \_\_\_\_\_  
Name of Personal Assistant \_\_\_\_\_
- b. The Participant is temporarily suspended from Consumer Directed Services (CDS) effective \_\_\_\_\_
- c. Resume FMS for Participant effective \_\_\_\_\_
- d. The Participant has been terminated from CDS effective \_\_\_\_\_
- e. There is a change in the Care Advisor: Name \_\_\_\_\_  
Tele# \_\_\_\_\_ E-mail \_\_\_\_\_

f. There is a change in the following:

- a. **PAYROLL SERVICES (CODE 501/Personal Assistant):**  
TOTAL HOURS AUTHORIZED: \_\_\_\_\_ PER WEEK  
MONTHLY BUDGET FOR PAYROLL (unit rate) \_\_\_\_\_ X hours \_\_\_\_\_ X 4.333) = \$ \_\_\_\_\_  
HOURLY RATE OF PAY \$ \_\_\_\_\_
- b. **VENDOR PAYMENTS FOR COMMUNITY GOODS/SERVICES:**  
PERSONAL CARE/ENVIRONMENTAL/NUTRITIONAL SERVICES (CODE 504): \$ \_\_\_\_\_  
EMERGENCY RESPONSE EQUIPMENT (CODE 506): \$ \_\_\_\_\_  
MEDICAL ADAPTIVE EQUIPMENT (CODE 507): \$ \_\_\_\_\_
- c. Effective date of change for hours: \_\_\_\_\_ and Effective date of change for vendor payments: \_\_\_\_\_

e. Other (specify) \_\_\_\_\_

Submitted by: \_\_\_\_\_ Care Advisor  
Phone: (\_\_\_\_) \_\_\_\_\_ Agency \_\_\_\_\_