

Notification of Suitability Assessment (NOS)

Childs Name:	District:	Medicaid No.: SSN:	Date of Birth:
Appointment Date/Time/Place:			Notification sent:
Single Point of Access (SPOA):		Phone:	Email:
Qualified Evaluator (QE):		Phone:	Fax:
Address: <u>Office</u>		All supporting documentation must be provided to the QE by	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial Suitability <input type="checkbox"/> 90-Day Review <input type="checkbox"/> Reconsideration <input type="checkbox"/> Reschedule </div> <div> <input type="checkbox"/> Client to be seen On-Site <input type="checkbox"/> Client to be transported to QE Office </div> </div>			
<p><u>Residential Treatment Facilities:</u> In accordance with Statutory, AHCA and DCF guidelines please ensure the following arrangements have been made:</p> <p style="margin-left: 40px;">(a) Separate space is available for the Qualified Evaluator to conduct the assessment and meet with the child.</p> <p style="margin-left: 40px;">(b) The child's medical records are available for review and include all up-to-date clinical information.</p> <p><u>Directions to the Evaluator's office:</u> For in-office appointments, please utilize one of the below options to obtain the most expedient route for transportation purposes:</p> <p style="margin-left: 40px;">(a) https://www.google.com/maps, (b) https://www.mapquest.com/directions, (c) https://www.mapbox.com/directions</p> <p style="text-align: center;">Notification of the above appointment must be provided to the GAL and AAL so they will have an opportunity to contact the evaluator.</p> <p style="text-align: center;">Thank you for your Cooperation</p>			