



Recuperative Care Program staff will complete this form to document the extension review process. Extensions are reviewed on an individual basis and will be considered when assistance is needed as a bridge to a longer lasting solution and the care plan clearly indicates it is in the best interest of the patient. Extensions must be approved by Project Access NOW's director. When filling out this form, please avoid using Protected Health Information such as the patient's name, date of birth, address, etc., to ensure HIPAA compliance.

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### **RCP Representative Information**

Name:

Location:

Phone Number:

Email Address:

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### **Service Extension Information**

**\*\*Disclaimer: The maximum amount that can be spent per patient in RCP is \$7,200\*\***

Service Request Number:

Date of Entry Into RCP:

Anticipated Discharge Date:

Anticipated Plan for Discharge:

Reason for Extension of Services:

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### **Extension Approval**

Program Coordinator's Signature

Date:

Project Access NOW Director's Signature :

Date:

Program Coordinator's Name Printed:

Project Access NOW Director's Name Printed:

**Please submit this form to C3CAP via:**

**-Fax:** 503-345-6732

**-Email:** [c3cap@projectaccessnow.org](mailto:c3cap@projectaccessnow.org)

**-Mail:** ATTN: C3CAP, Project Access NOW, PO Box 10953, Portland, OR 97296

**C3CAP will contact you with the status of your request.**