

**Needed In Home Medical**

Department of Social Services

Division of Family Independence | Comprehensive Employment Division

B-4183 (11/2018)

Return This Medical By	
<i>TO BE COMPLETED BY WORKER</i>	
Client Name	Case Type <input type="checkbox"/> SN <input type="checkbox"/> TANF <input type="checkbox"/> SN MOE <input type="checkbox"/> SNAP
Address	
Case Number	CIN
Worker Name	Worker Phone Number
Patient Name	
<i>TO BE COMPLETED BY PHYSICIAN</i>	
Patient Name	DOB
Address	
Relationship of Patient to Client	
Medical Condition of Patient	
Is the above named client needed in the home, during normal day work hours, to care for the patient listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the above named client the only appropriate and available person to provide this care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Estimated Duration of Need in the Home	
If Yes, Please Give Reasons for Need. Include Tasks Client Must Perform for Patient.	
Physician Signature	Date
Physician Name Printed	Phone Number
Physician Address	Fax Number
<i>PLEASE FORWARD COMPLETED FORM TO</i>	
Erie County Department of Social Services <input type="checkbox"/> CED – 290 Main St., 5th Floor, Buffalo, 14202 Fax: (716) 858-1012 <input type="checkbox"/> CED – 290 Main St., 10th Floor, Buffalo 14202 Fax: (716) 858-1065 <input type="checkbox"/> MED/MAAT – 290 Main St., 9th Floor, Buffalo 14202 Fax: (716) 858-1316 <input type="checkbox"/> ECWC-EMP. – 158 Pearl St., Rm.210, Buffalo 14202 Fax: (716) 858-2168 <input type="checkbox"/> SNAP – 95 Franklin, Buffalo 14202 Fax: (716) 858-8193 <input type="checkbox"/> Other: Fax: (716) 858-	