

ARKANSAS KIDNEY DISEASE COMMISSION

4815 W. Markham St. Slot 35 • LITTLE ROCK, AR 72205 • TEL (501) 686-2807 • FAX (501) 686-2831

CLIENT STATUS CHANGE REPORT

Date: _____

Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: AR Zip: _____ County: _____

1. Client change of address: _____ Effective date: _____

Address: _____

City: _____ State: AR Zip: _____ County: _____

2. Client has transferred out of state: _____ Effective date: _____

City: _____ State: _____

3. Client has moved to residential facility: _____ Effective date: _____

Name of facility: _____

4. Client has received a kidney transplant: _____ Effective date: _____

Transplant center: _____

5. Client has regained kidney function: _____ Effective date: _____

Date of last dialysis treatment: _____

6. Patient has expired: _____ Effective date: _____

Cause of death: _____

7. Change in benefits: _____ Effective date: _____

Client has No longer has Private Health Insurance With Without Prescription coverage.

Client has No longer has Veteran's Health Benefits With Without Prescription coverage.

Client has No longer has Medicaid Health Benefits With Without Prescription coverage.

Client has No longer has Medicare Health Benefits With Without Prescription coverage.

8. Change in household income and/or assets: _____ Effective date: _____

Total client/household income from all sources is now: _____ per month.

Total client/household liquid assets from all sources is now: _____ per month.

9. Refer client for vocational rehabilitation services: _____ Effective date: _____

ARKANSAS KIDNEY DISEASE COMMISSION

4815 W. Markham St. Slot 35 • LITTLE ROCK, AR 72205 • TEL (501) 686-2807 • FAX (501) 686-2831

CLIENT STATUS CHANGE REPORT

Social Worker/Other Signature

Date