OARS STATUS CHANGE FORM
OARS (Orientation-Assessment-Referral-Safety)

To:

From:

Date:

OARS PARTICIPANT INFORMATION

PARTICIPANT NAME _____ **KS CARES ID NUMBER** _____

ADDRESS _____ **CITY** **ZIP** **PHONE** _____

EES STATUS CHANGES

- ☐ **TAF Case Closed/Denied**
- ☐ **Transitional Service Began on (date):** _____
- ☐ **Transitional Service End on (date):** _____
- ☐ **Change of Address (Above)**
- ☐ **Other**: _____

_____

_____

_____

OARS STATUS CHANGES

- ☐ **OARS Case Closed on (date):** _____
- ☐ **Other:** _____

_____

_____

_____

OARS ADVOCATE/EES CASE MANAGER SIGNATURE _____ **PHONE** _____ **DATE** _____

CONFIDENTIAL – This information has been disclosed to you from records that are confidential.
You are prohibited from making any further disclosure of it without specific written consent of the person to whom it pertains.