

Background and Purpose:

The Prioritization of Urgency of Need for Services (PUNS) form should accurately reflect an individual's current or anticipated need for services based on information provided by the individual or his or her family/caregiver. If the individual or his or her family/caregiver do not agree with the information included on his or her current **PUNS** form, this form (the **PUNS Disagreement** form) should be completed by the individual or family/caregiver and returned to the SCO within 10 calendar days of receipt of the **PUNS** form. The SCO will review the individual's completed **PUNS Disagreement** Form; contact the person who completed the form and attempt to resolve the individual and/or family/caregiver's concerns. See instructions below to complete form and the form itself is on the next page.

Instructions for completing the PUNS Disagreement Form:

SECTION 1: TO BE COMPLETED BY THE INDIVIDUAL OR FAMILY/CAREGIVER	
Field / Space Name	Instructions
"FIRST NAME", "MIDDLE NAME", "LAST NAME"	In the spaces provided, the individual or family/caregiver should enter the first name, middle initial (if applicable) and last name of the individual on the PUNS form.
"FIRST NAME", "MIDDLE NAME", "LAST NAME"	The person completing this form should enter their first name, middle initial (if applicable) and last name in the spaces provided.
"ENTER A REASON FOR DISAGREEMENT WITH PUNS"	In narrative form, enter the reason you disagree with the details contained in the individual's PUNS.
"DATE OF FINALIZED PUNS"	Enter the date of the finalized PUNS found on the PUNS form. Use the date format MM/DD/YYYY.
"SIGNATURE OF INDIVIDUAL OR FAMILY/CAREGIVER"	Either the family/caregiver or individual should sign this form.
"DATE"	Enter the date this form was completed. Use the date format MM/DD/YYYY.

SECTION 2: TO BE COMPLETED BY THE SCO	
Field / Space Name	Instructions
"DATE THE SCO RECEIVED THE PUNS DISAGREEMENT FORM "	The SCO should enter the date they received the completed PUNS Disagreement form from the individual or family/caregiver. Use the date format MM/DD/YYYY.
"DATE CONTACT WAS MADE BY SCO WITH THE INDIVIDUAL OR FAMILY/CAREGIVER"	The SCO should enter the date they contacted the individual or family/caregiver to discuss the information found in the PUNS Disagreement form.
"RESOLVED?", " <input type="checkbox"/> YES <input type="checkbox"/> NO"	If the PUNS disagreement was resolved, the SCO should enter an "X" in the box next to "Yes"; otherwise, put an "X" in the box next to "No".
"ENTER SUMMARY OF DISCUSSION AND RESOLUTION"	In narrative form, enter the issue(s) discussed and the outcome of the discussion.
"SIGNATURE OF SCO REVIEWER"	The SCO who received and contacted the individual or family/caregiver should sign here.
"DATE"	The SCO should enter the date when they signed the form. Use date format MM/DD/YYYY.

SECTION 3: TO BE COMPLETED BY THE AE / COUNTY PROGRAM	
Field / Space Name	Instructions
"DATE REFERRAL IS RECEIVED BY AE / COUNTY PROGRAM FOR RESOLUTION"	Enter the date the PUNS Disagreement form was received by the AE/County Program. Use date format MM/DD/YYYY.
"DATE OF FINAL RESOLUTION BY AE / COUNTY PROGRAM"	Enter the date when the disagreement was resolved by the AE/County Program.
"BRIEF EXPLANATION OF RESOLUTION"	In narrative form, enter the discussion and final decision.
"SIGNATURE OF AE / COUNTY PROGRAM"	The AE/County Program person who received the PUNS Disagreement form should sign.
"DATE"	Enter the date when the form was signed. Use date format MM/DD/YYYY.

Final Note:

There are several methods the individual or family/caregiver can use to send the **PUNS Disagreement** form to the SCO. The completed and signed **PUNS Disagreement** form can be mailed via the United States Postal Service, scanned and e-mailed to the SCO or faxed to the SCO within 10 calendar days of receipt of the **PUNS** form. Your SCO will contact you within seven (7) calendar days of receipt of the **PUNS Disagreement** form to discuss your concerns.

Please refer to the **INSTRUCTIONS FOR COMPLETING THE PUNS DISAGREEMENT FORM** found on the previous page prior to completing the form. Complete and review **ALL REQUIRED SECTIONS** of this form before submitting. **PLEASE PRINT LEGIBLY.**

SECTION 1: TO BE COMPLETED BY INDIVIDUAL OR FAMILY/CAREGIVER		
ENTER INFORMATION OF INDIVIDUAL OR FAMILY/CAREGIVER		
FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
ENTER INFORMATION OF PERSON COMPLETING FORM		
FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
ENTER A REASON FOR DISAGREEMENT WITH PUNS:		
DATE OF FINALIZED PUNS:	SIGNATURE OF INDIVIDUAL OR FAMILY/CAREGIVER:	DATE:

SECTION 2: TO BE COMPLETED BY SCO		
DATE THE SCO RECEIVED THE PUNS DISAGREEMENT FORM:	DATE OF CONTACT BY SCO WITH INDIVIDUAL OR FAMILY/CAREGIVER:	RESOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ENTER SUMMARY OF DISCUSSION OR RESOLUTION:		
SIGNATURE OF SCO REVIEWER:		DATE:

SECTION 3: TO BE COMPLETED BY AE / COUNTY PROGRAM	
DATE REFERRAL IS RECEIVED BY AE / COUNTY FOR RESOLUTION:	DATE OF FINAL RESOLUTION BY AE / COUNTY PROGRAM:
ENTER BRIEF EXPLANATION OF RESOLUTION:	
SIGNATURE OF AE / COUNTY PERSON:	DATE: