

Hardship & Service Justification Letter

Fillable Hardship & Service Justification Letter

To Whom It May Concern,

My name is _____, and I am the parent and legally responsible individual for my child, _____, who is currently receiving or in need of Personal Care Services (PCS) under Nevada Medicaid Provider Type 30.

I am submitting this letter to explain the hardships I face while personally providing PCS services both before and after my work hours, and to describe the care tasks that make it necessary and appropriate for me to be designated as my child's caregiver.

I currently work as a _____.

My work hours are: _____.

While continuing to work, I also provide direct care before and after my shifts. This presents challenges such as:

Daily care for my child includes (check all that apply and provide as much detail as possible):

☐ Bathing assistance -

☐ Grooming -

☐ Toileting -

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☐ Feeding -

☐ Dressing -

☐ Behavioral support -

☐ Sensory needs -

☐ Meal preparation -

☐ Laundry - I perform _____ loads per day due to:

☐ Transportation to appointments or services -

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[] Communication with schools/providers -

I am the most familiar with my child's unique care needs and am best able to ensure consistency, safety, and compassion. I respectfully request to serve as the caregiver under Provider Type 30.

Sincerely,

_____ (Parent Name)

Phone: _____

Date: _____