Joe Lombardo

*Governor*

Richard Whitley, MS

*Director*



**Department of   
Health and Human Services**



**

Cody Phinney, MPH

*Administrator*

Ihsan Azzam,   
Ph.D., M.D.

*Chief Medical Officer*

**CARA Plan of Care Request Form**

**(Attachment B)**

,on behalf of, is requesting the CARA Plan of Care for the following individual(s) in accordance with NAC 449.984 1b.

|  |  |  |  |
| --- | --- | --- | --- |
| **Infant’s Name (last, first)** | **Mother’s Name (last, first)** | **Infant’s Date of Birth** | **Hospital** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I am aware that this is a confidential document and must be properly submitted to the Bureau of Behavioral Health Wellness and Prevention through means of a secure file transfer protocol (SFTP). The requested document(s) will then be released to me through the same secure file transfer protocol (SFTP).

Signature Date of Request