



Physician Statement of Life-Limiting Illness

Client Information	
Full Legal Name:	
Date of Birth:	Medicaid ID#:

The above-named client is applying to enroll onto the Children with Life Limiting Illness (CLLI) Waiver program. To participate in the waiver, the client must have a life-limiting illness that is attested to by a Physician.

Physicians should consider the following:

1. The Department of Health Care Policy & Financing holds no physician liable if a client with a life-limiting illness lives to adulthood.
2. Enrollment onto the CLLI waiver does not prohibit the use or pursuit of curative treatment for a life-limiting illness, thereby changing the illness to be considered life threatening.

Definitions:

- **Life-Limiting Illness:** a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood without regard to the presence or availability of curative treatment.
- **Adulthood:** age 19 years or older.

Physician Statement and Signature		
As the treating physician of the client listed above, answer the following questions. Check one box per question.		
1. Are you this client's primary care physician?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you this client's specialist physician?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the client have a life-limiting illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life-Limiting Illness:	Diagnosis Code:	
Physician Name:	Specialty Practice Area:	
Signature:	Date:	
Address:	City, State, Zip:	
Phone:	Email:	