

From: [REDACTED]

Subject: In home care request for
[REDACTED]

Date: Jul 29, 2025 at 2:44:32 PM

To: Debbi Hufana

dhufana@ci.olympia.wa.us

Debbie, in accordance with the information needed to go before the LEOFF 1 Board I am faxing the following paperwork

- 1. LEOFF Board Application for Payment of Services which has been completed by his primary doctor**
- 2. Two letters, one from his primary care doctor and one from his neurologist,**
- 3. One letter from a home care agency listing their services which lists their hourly fee.**

my
[REDACTED]

Debbie I am requesting approval from the board for

10 hours a week for respite in home 🏠 care for [REDACTED] Due to his Parkinson's and dementia he can no longer be by himself as he has problems getting up from a chair and if he is by himself he tends to wander looking for me or some imaginary Person.

LEOFF Board Application for Payment of Services

Case No: _____

Please Print Clearly & Legibly – Incomplete Form Will Be Returned**A) This Section To Be Completed by Member**Member Name: [REDACTED] Active: _____ Retired: ☒Member Telephone: [REDACTED] Police: _____ Fire: ☒

Member Address: [REDACTED]

Alternate Contact: [REDACTED] Alternate Contact Telephone: [REDACTED]

Describe Your Condition and Why It Is Duty Related: Alzheimer's, dementia,
Parkinson'sDescribe the Service/Treatment Requested: respite care for patient diagnosed
with dementia, Alzheimer's, Parkinson's & Diabetes

Total Cost of Treatment/Service: \$ _____

Amount Paid by Insurance/Medicare: \$ _____

Amount Requested from the Board \$ 40.00 an hour - current rate
Per Hour

Please attach the Explanation of Benefits statement(s) from your insurance provider(s) and/or Medicare which indicates the amount paid for this treatment/service.

No reimbursement
from MedicareMember Signature: [REDACTED] Date: 7/29/25

Please attach a copy of the Power of Attorney if signed by the alternate contact.

B) This Section To Be Completed by Member's Attending Health Care Provider

(attach additional pages as needed)

Provider's Name: Lauren Blitzer Provider's Telephone: 480-505-2450Clinic/Office Name: Sun Lakes Family PhysiciansProvider's Address: 10450 E. Riggs Rd #114 Sun Lakes AZ 85248

Describe the Patient's Current Condition and State Whether It Is Duty Related:

Parkinson's dementia related to duties as
a fire fighter high risk of falls
increased hallucinationsDescribe Your Recommended Treatment Plan and Why It Is Medically Necessary: cannot be
24 hr / 7 day a week care to left alone
prevent falls and keep safe

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs:

nilaProvider's Signature: [Signature] Date: 7/29/25

Fax Completed Form to: (360) 709-2735 or mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967



July 22, 2025



City of Olympia LEOFF I board:

Mr. [REDACTED] has been a patient of mine since 2023, whom I treat for Parkinson's Disease with Dementia. At Mr. [REDACTED] last visit in January, he had noted that he was experiencing hallucinations of dead relatives and increased confusion. It has come to my attention that his dementia has progressed further, to the point where he requires constant support from his wife and relatives for care. He is also unable to ambulate without a walker, and is at risk of falls. Due to the progression of Mr. [REDACTED] cognitive and physical symptoms, I would recommend that he and his family consider a caregiver to help manage his care.

ICD codes: G20.A1, F03.90

If you have any questions, please reach out to my staff at 480-526-5441.

Virgilio H. Evidente M.D.
Movement Disorders Center of Arizona
9500 E Ironwood Square Drive Suite 118
Scottsdale, AZ 85258
Tel: (480) 526-5441
Fax: (480) 526-5443

Sun Lakes • 10450 E RIGGS RD STE 114, Sun Lakes AZ 85248-7760

Date: 07/29/2025

RE: [REDACTED]

Dear City of Olympia LEOFF I Board,

[REDACTED] returned to our practice on 07/29/2025. I have enclosed a copy of the office evaluation for your records. A list of current diagnoses are included in my note, Parkinson's Disease with Dementia being the primary diagnosis. He is experiencing increased hallucinations. He appears to be a high fall risk and can no longer be left home alone. He ambulates with a walker. His wife is looking for in home care 10 hours a week. I highly recommend that his wife and family consider a caregiver to help manage his care and maintain safety.

Sincerely,

Electronically Signed by: LAUREN BLITZER, NP



ENCOUNTER REASON/DATE

Needs pension paperwork filled out
07/29/2025 - 01:30PM - Sun Lakes

HISTORY OF PRESENT ILLNESS

None recorded

REVIEW OF SYSTEMS

None recorded

PHYSICAL EXAM

None recorded

PROCEDURE DOCUMENTATION

None recorded

ASSESSMENT/PLAN

BMI 22.0-22.9,
1. adult
stable, maintain good nutrition and reg exercise
Z68.22: Body mass index [BMI] 22.0-22.9, adult

2. Essential hypertension - Onset: 10/23/2017 -
Chronic, stable. Blood pressure was re-evaluated today during office visit. Patient is currently compliant with interventions

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prescribed, blood pressure is well controlled. Patient verbalizes understanding of need to monitor blood pressure periodically. Patient is to report any blood pressure trends identifying Systolic BP > 150 or Diastolic pressures greater than 95. Follow up for controlled hypertension should be completed a least every 6 months.
I10: Essential (primary) hypertension

**Moderate dementia due to Parkinson's disease, with other behavioral
3. disturbance**

G20.A1: Parkinson's disease without dyskinesia, without mention of fluctuations
F02.B18: Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance

**History of
4. fall**

Z91.81: History of falling

Return to Office

Patient will return to the office as needed.

WEBMAIL.CENTURYLINK.NET - FAITH MISSILDINE <FMISSIL@Q.COM>

GRISWOLD HOME CARE



Griswold Home Care AZ



7/24/2025 11:06 AM

From Griswold Home Care AZ 
info.az@griswoldcare.com

To



Thank you for reaching out to learn more about our services! It was such a pleasure speaking with you yesterday. So sorry for the delay in getting you this information. Attached to this email, you'll find our brochure along with details about the high-quality care we provide. With over 15 years in business, Griswold is known for hiring well-paid, experienced, and compassionate caregivers who are dedicated to making life easier for our clients. Our locally owned franchise is backed by a 40-year-old brand known for quality care at affordable rates for all. Here's more info on what we do:

Our Services

- **Personal Care** – Assistance with dressing, bathing, walking, and more. We focus on encouragement first, stepping in where needed to promote independence.
- **Home Management** – Light housekeeping, cooking, laundry, dishes, and other daily tasks to help maintain a comfortable home.
- **Errands & Transportation** – Help with grocery shopping, medical appointments, and other outings.
- **Exercising** – Support with light movement, walks, or exercise routines to encourage mobility and well-being.
- **Companionship** – Sometimes, a familiar face and good conversation make all the difference. Whether it's sharing a meal, watching a favorite show, or simply enjoying company, we're here.
- **Veteran Care:** If you or a loved one are a veteran, ask about receiving home care services covered by the Phoenix VA.

Flexible & Transparent Pricing

At Griswold, we believe in pay-as-you-go flexibility—no contracts, just 24 hours'

notice for any changes or cancellations.

- **Hourly Care (4-6 hours):** \$39 per hour, all-inclusive—even if maximum care is needed, the rate stays the same.
- **Extended Hourly Discount (7+ hours):** \$35 per hour for longer visits, offering greater value.
- **4-hour package (up to 4 hours):** Flat rate of \$156.00, all-inclusive—even if maximum care is needed. Hours beyond 4 or more are billed as Hourly Care.
- **Live-In (24 hour):** \$550.00 daily - Available up to 7 days a week, pending you meet the requirements.

About Our Caregivers

Trust is our top priority. That's why we only hire experienced caregivers who pass rigorous nationwide FBI background checks annually. Our team carefully selects caregivers they would trust in their own homes, so you can live assured that you're in good hands.

With over 110 caregivers across the valley, we consider everything—including personality—when matching caregivers with clients. When you're ready, we'll go over the details to ensure the best fit. We also provide incentives for caregivers on shorter visits to promote schedule stability, meaning you'll see **familiar, trusted faces instead of a revolving door of caregivers.**

Would you like to schedule a **free in-home consultation** to discuss your needs and explore how we can best support you? Let me know a time that works for you, and I'd be happy to set it up.

If you have any questions in the meantime, feel free to call or email me directly at **480-275-7200**.

Looking forward to helping,

Becky Ratliff Bosch | Operations Manager

Griswold Home Care

O. 480.275.7200

C. 480.747.3512

F. 480.378.2899

GriswoldCare.com



Becky Ratliff-Bosch | Operations Manager
Griswold Home Care

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