



DATE

Financial / Social Services Communication

Required: [] New Service [] Service/Program Change [] Functional Assessment Completed [] Address / Phone Change [] Other (see comments below)

NOTE: Do not send this form to financial for MAGI clients unless the client is applying for a HCBS waiver.

TO OFFICE NAME

FROM TELEPHONE NUMBER OFFICE NAME

CLIENT NAME TELEPHONE NUMBER DATE OF BIRTH ACES CLIENT ID NUMBER

CLIENT STREET ADDRESS (INCLUDE APT. UNIT OR ROOM NUMBER) CITY STATE ZIP CODE

CLIENT MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS) CITY STATE ZIP CODE

[] Client remains functionally eligible [] No change in service [] Client is no longer functionally eligible - Case Closed: NECESSARY SUPPLEMENTAL ACCOMMODATION (NSA): [] YES [] NO DESCRIBE:

LEGAL DECISION MAKER: [] YES [] NO TYPE: [] POA [] GUARDIAN DESCRIBE:

Nursing Facility

[] Admission / Date of admit: _____ Date of request for Level of Care: _____

NFLOC criteria met? [] Yes [] No

Likely to meet / exceed 30 days? [] Yes [] No (do not select "Yes" if bed hold has been authorized)

Name of Nursing Facility: _____ Facility ProviderOne ID: _____

Home Maintenance Allowance (HMA)? [] Yes [] No

HMA Date: _____

[] Discharged / Date of discharge: _____ Transitioned with services: [] Yes (complete Service section) [] No

Services

[] Need medical redetermination (e.g., MAGI closures) [] NGMA request / in-process: _____

[] Please send DSHS 07-104 to indicate if client is a Fast Track candidate.

PROGRAM EFFECTIVE DATE PROGRAM EFFECTIVE DATE
[] CFC [] PACE - ProviderOne ID:
[] MPC [] State Funded LTC for Non-Citizens (L04 / L24)
[] COPEs [] State Funded MCS Residential (A01 / A05)
[] NEW FREEDOM [] RSW
[] MAC
[] TSOA
[] RCL Initial due date of TSOA application:
End date of RCL demo year:

[] Fast Track (also select CFC, MPC, RSW, or COPEs above) NOTE: FT not allowed for New Freedom, PACE, or any MAGI clients

Setting: [] In-home [] Residential

Residential Rate:

Total Daily Rate: \$ (include CARE rate and any other approved add-on such as ETR, ECS and SDCP in the total daily rate amount)

SETTING FAC TYPE LVG ARR

[] AFH FH FH
[] AL AF DC
[] ARC AF CN
[] EARC AF DC
[] ESF AF ES

Facility Name: _____

Facility Address: _____

Facility Telephone: _____

Facility ProviderOne ID: _____

COMMENTS