



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

[ ] Placement 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) Date of admit: Name of facility: Home Maintenance Allowance? [ ] Yes [ ] No [ ] Denied Amount: \$ Dates: to

[ ] Discharged Date of discharge: Discharged 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 [ ] MPC [ ] State Funded LTC for Non-Citizens (L04 / L24) [ ] COPEs [ ] State Funded MCS Residential (A01 / A05) [ ] NEW FREEDOM [ ] RSW [ ] RCL End date of RCL demo year:

[ ] Fast Track (also select CFC, MPC or COPEs above) NOTE: FT not allowed for New Freedom, RSW, 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 ACES CODE Facility Name: Facility Address: Facility Telephone: Facility ProviderOne ID:

COMMENTS