

NOTIFICATION OF NURSING FACILITY ADMISSION
Arkansas Department of Human Services
Division of Medical Services
Office of Long Term Care

NOTICE OF ADMISSION

| | |
|-----------------|-------------------------|
| FACILITY | Name of Facility |
| | |
| | |
| | City |

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|-----------------|--|--|
| RESIDENT | Name of Resident | Date of Birth |
| | Contact Person and Title | Contact Person's Telephone Number |
| | Contact Person's Home Address | |
| | Resident's County of Residence | Resident's SSN |
| | Referral Date | Medicaid ID # (or NA) |
| | Type of Placement <input type="checkbox"/> Long Term NF(Permanent) <input type="checkbox"/> Short Term NF (Convalescent not to exceed 6 months) <input type="checkbox"/> NF Rehab (Also considered Short Term, but admission specifically related to Rehab) <input type="checkbox"/> Hospice <input type="checkbox"/> Other (Specify) | |
| | Date of Admission | |
| | Payment Source <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Pay/Third Party | |

DECLINATION FOR LONG TERM CARE OPTIONS COUNSELING

are eligible to receive counseling on various options regarding long term care services. Your facility may be the most appropriate place to reside and to receive care. In other instances, you may find other programs that provide care in the home and in the community to be an alternative to nursing facility care. If you do not wish to receive counseling regarding these programs please check the following box:

I DO NOT WISH TO RECEIVE LONG TERM CARE OPTIONS COUNSELING

LTC Options Counseling Form: Read to Resident/Representative Not Read to Resident/Representative
 because the resident lacks decisional capacity and does not have a representative.

Signature of Resident and/or Representative _____ Date _____

Distribution: Complete and submit a COPY of this form to the Office of Long Term Care no later than 5:00 p.m. of the next business day following the contact. Maintain the original of this form in the individual's file at the Long Term Care facility.