

REQUEST FOR EXTENSION OF AWAITING PLACEMENT IN RESIDENTIAL CARE

Please complete & fax form at least 5 days before the classification runs out to allow time for processing. Fax : (207) 287-9231 Attn: Linda Cayer

Date of RENEWAL request: _____ Date current APRC expires: _____

Facility name and address:

Phone number: _____ Fax number: _____

Person completing form: _____

Resident's name _____ and MaineCare number: _____

Does the resident have a legal guardian or some other family member who should also be notified of the Awaiting Placement in Residential Care determination? If so:

Name: _____ Relationship: _____

Address: _____

In-home services update: How could the resident be safely discharged to his/her home or apartment or other non-institutional setting? Please explain services that would be needed/ programs that might be accessed/ contacts you have made with appropriate agencies.

Most recent contacts with appropriate residential care facilities within a 30-mile radius:

Facility name:

Address:

Phone # _____ Contact person at facility: _____

Date (s) facility was contacted:

What type of resident do they serve?

Do they have any vacancies?

Is your client on their waiting list? yes no Est. time to reach the top of the list:

continued on next page

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Any other relevant new information since previous APRC request was submitted?
