

REQUEST FOR EXTENSION OF EXTRAORDINARY CIRCUMSTANCES
Please note: form is due at least 5 days before end date of current Extraordinary
Circumstances. Fax to Linda Cayer, OES, 287-9231

Date of Request: _____ Date current EC expires: _____

Resident's Name: _____ MaineCare # _____

Facility: _____ Phone # _____

Address: _____ Fax # _____

Does the resident have a legal guardian or some other family member who should also be notified of the Extraordinary Circumstances extension, if granted?

Name: _____ Relationship: _____

Address: _____ Phone: _____

Person completing form: _____ Date of facility's original discharge/ineligibility letter: _____

IN-HOME SERVICES: 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.

CONTACTS WITH RESIDENTIAL CARE / CONGREGATE HOUSING FACILITIES SINCE LAST EC:

Facility name: _____	Phone # _____
Address: _____	Contact person: _____
Date (s) facility was contacted: _____	
What type of resident do they serve? _____	Do they have any vacancies? _____
Is your resident on their waiting list? <input type="checkbox"/> yes <input type="checkbox"/> no	Est. time to reach the top of the list: _____ CONT.
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FAX TO: ELLEN FIELD, BEAS (207) 287-9229.