

**APPLICATION: DAYS AWAITING PLACEMENT
FOR A RESIDENTIAL CARE FACILITY (APRC)**

OES Date of Request: _____

Resident's Name: _____ MaineCare #: _____

Social Security #: _____ Date of Birth: _____

Facility: _____ Phone _____

Address: _____ Fax # _____

_____ Person filing: _____

Does the resident have a legal guardian or some other family member who should also be notified of the APRC determination?

Name: _____ Relationship: _____

Address: _____ Phone: _____

Date of Admission: _____

Payment source at time of admission was: [] MaineCare [] Medicare [] Private Pay

Most recent payment source: [] MaineCare [] Medicare [] Private Pay

Date of denial of medical eligibility for nursing home level of care : _____

Dates for which payment is being requested _____ to _____

Is resident appealing the MaineCare denial? [] yes [] no *IF RESIDENT IS APPEALING, THE APRC REQUEST WILL NOT BE PROCESSED UNTIL THE FINAL DECISION HAS BEEN DETERMINED.*

IF RESIDENT IS NOT APPEALING, THE APPLICATION WILL BE PROCESSED AFTER THE LAST POSSIBLE APPEAL DATE IN ORDER TO ENSURE RESIDENT'S APPEAL RIGHTS.

In-home services: How could the resident be safely discharged home or to an apartment or other non-institutional setting? Please explain services that would be needed/ programs that might be accessed/ contacts you have made with the Home Care/Service Coordination Agencies, Area Agencies, home health agencies, or other appropriate agencies.

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Contacts with appropriate residential care facilities within a 60 mile radius of the facility or the resident's home, if applicable:

Facility name: _____	
Address: _____ _____	
Phone # _____	Contact person at facility: _____
Date (s) facility was contacted: _____	
What type of resident do they serve? _____	
Does the facility have any vacancies? [] yes [] no	
Is your resident on their waiting list? [] yes [] no	Est. time to reach the top of the list: _____

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Fax to: Office of Elder Services (207) 287-9231

- ✓ **Include this 3-page completed application and the 2-page Outcome Report from the medical eligibility determination (MED) assessment, done by Goold**
- ✓ **If the resident is admitted to a hospital, the APRC approval period ends on the date of hospital admission**

Please contact the Office of Elder Services at 1-800-262-2232 with any questions.