REQUEST FOR EXTRAORDINARY CIRCUMSTANCES

Date of Request:_____

Resident's Name:_____ MaineCare #_____

Social Security number: _____ 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 Extraordinary Circumstances determination?

Name: _____ Relationship: _____

Address: _____ Phone:_____

Name of person completing form: _____

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 : _____

Has MaineCare paid for resident's care for more than 120 consecutive days, *EXCLUDING APPEAL DAYS* and days reimbursed under Awaiting Placement for Residential Care (APRC)
[ ] Yes [ ] No Dates:_____ to _____
If no, submit an application for days Awaiting Placement for Residential Care as this resident is not eligible for "Extraordinary Circumstances."

Was the resident hospitalized during his/her stay: [ ] Yes [ ] No
If yes, please explain, giving dates:_____

Has the resident filed an appeal: [ ] Yes [ ] No If yes, on what date was the appeal filed?_____

EVIDENCE OF DISCHARGE PLANNING

IN-HOME SERVICES: Could the resident safely be discharged to his/her home or apartment or other non-institutional setting? Please explain services that would be needed, programs that might be accessed, and contacts you have made with appropriate agencies.

_____

_____

_____

_____

PLEASE LIST FACILITIES AND AGENCIES WHO WERE CONTACTED:

Facility name:____ Phone #______________________

Address: ____ Contact person:________________

____

Date(s) facility was contacted:____

What type of resident is served?________________________________ Are there any vacancies?__________

Is this resident on the facility's waiting list? ☐ yes ☐ no Est. time to reach the top of the list: ________________

Facility name:____ Phone #______________________

Address: ____ Contact person:________________

____

Date(s) facility was contacted:____

What type of resident is served?________________________________ Are there any vacancies?__________

Is this resident on the facility's waiting list? ☐ yes ☐ no Est. time to reach the top of the list: ________________

Facility name:____ Phone #______________________

Address: ____ Contact person:________________

____

Date(s) facility was contacted:____

What type of resident is served?________________________________ Are there any vacancies?__________

Is this resident on the facility's waiting list? ☐ yes ☐ no Est. time to reach the top of the list: ________________

Facility name:____ Phone #______________________

Address: ____ Contact person:________________

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Date(s) facility was contacted:____

What type of resident is served?________________________________ Are there any vacancies?__________

Is this resident on the facility's waiting list? ☐ yes ☐ no Est. time to reach the top of the list: ________________

Facility name:_____ Phone #_____

Address: _____ Contact person:_____

_____

Date(s) facility was contacted:_____

What type of resident is served?_____ Are there any vacancies?_____

Is this resident on the facility's waiting list? ☐ yes ☐ no Est. time to reach the top of the list: _____

Facility name:_____ Phone #_____

Address: _____ Contact person:_____

_____

Date(s) facility was contacted:_____

What type of resident is served?_____ Are there any vacancies?_____

Is this resident on the facility's waiting list? ☐ yes ☐ no Est. time to reach the top of the list: _____

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

- ✓ **Include this three-page application form and two-page Outcome report from the Goold assessment.**
- ✓ **The Request for Extension form is due at least 5 (five) days prior to the end of the currently approved eligibility period.**
- ✓ **If the resident is admitted to a hospital, the eligibility period ends on the date of hospital admission.**

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