

REQUEST FOR EXTENSION OF EXTRAORDINARY CIRCUMSTANCES

Date of Request: _____ Date current eligibility expires: _____

Resident's Name: _____ MaineCare _____

Social Security #: _____ Date of Birth: _____

Facility: _____ Phone # _____

Address: _____ Fax # _____

_____ Person filing: _____

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

Name: _____ Relationship: _____

Address: _____ Phone: _____

Person completing form: _____

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.

Contacts with Facilities since last review:

Facility name: _____ Phone # _____

Address: _____ Contact person: _____

Date(s) facility was contacted: _____

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

Is this resident on the facility's waiting list? yes no Est. time of wait list: _____

Facility name: _____ Phone # _____
Address: _____ Contact person: _____

Date(s) facility was contacted: _____
What type of resident is served? _____ Are there vacancies? _____
Is this resident on the facility's waiting list? yes no Est. time of wait list: _____

Facility name: _____ Phone # _____
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Fax to: Office of Elder Services (207)287-9231.

**This 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 periods ends on the date of hospital admission.**

Please contact the Office of Elder Services at 1-800-262-2232 if you have questions.