

DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMIT/TRANSFER/DISCHARGE FORM for PRIVATE NONMEDICAL INSTITUTION (PNMI)

MAINECARE MEMBERS ONLY

IF NOT A MAINECARE MEMBER, DO NOT COMPLETE THIS FORM.

Member Name: _____

MaineCare Number: [][][][][][][][][]

Facility Name: _____ Facility Contact Person: _____

Facility Phone #: _____ Fax #: _____ E-mail: _____

[] NEW ADMIT TO YOUR FACILITY Admit Date _____

[] Notified OIAS (when new admit is SSI recipient)

OES Response: End Date _____ (Reclassification Due)

[] RECLASS: (Member continues to reside at your facility) Current Reclassification Due Date _____

OES Response: End Date _____ (Next Reclassification Due)

[] TRANSFERRED TO:

[] Hospital: Name _____ Admit Date _____ Return to PNMI Date _____

[] Nursing Facility: Name _____ Admit Date _____ Return to PNMI Date _____

[] Leave Day Initial Request – Medical Start Date _____ End Date _____

[] Leave Day Extension Request– Medical Start Date _____ End Date _____

[] Leave Day Request - Nonmedical Start Date _____ End Date _____

[] Vacation [] Home Stay [] Other (specify): _____

[] DISCHARGED TO:

[] Home Address _____ Date _____

[] Other PNMI (name) _____ Date _____

[] Nursing Facility (name) _____ Date _____

[] DECEASED Date of Death: _____ Location at time of death: [] PNMI [] Hospital [] NF

Person completing this form: _____ Date Submitted: _____

Fax this form to Office of Elder Services (OES) Fax #287-9231.