Long-Term Care (LTC) – Request for Custodial Placement Form

The Alameda Alliance for Health (Alliance) Long-Term Care (LTC) Request for Custodial Placement is confidential. Completing this form will help us better serve our members.

INSTRUCTIONS

1. Please print clearly, or type in all the fields below.
2. Please fax the completed form and required documents to the Alliance LTC Department at **1.510.747.4191**.

For questions, please call the Alliance LTC Department at **1.510.747.4516**.

SECTION 1: MEMBER INFORMATION

Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY):_____ Alliance Member ID #:_____

SECTION 2: HOSPITAL INFORMATION

Hospital Requesting Transfer: _____

Designated Contact Full Name: _____

Phone Number: _____ Expected Discharge Date from Hospital: _____

Admitting Diagnosis: _____

Estimated Length of Stay (LOS) at Custodial Facility (please select only one (1)): ☐ <30 days ☐ >30 days

Expected Level of Care: ☒ Custodial

Requested Services (please select all that apply):

- ☐ Activities of Daily Living (please select only one (1)):
  - ☐ DEP ☐ IND ☐ MIN A
  - ☐ MOD A ☐ MAX A ☐ SUP
- ☐ Bariatric care
- ☐ Behavioral issues
- ☐ History of substance abuse
- ☐ Incontinence status (please select all that apply):
  - ☐ Incontinence of bladder
  - ☐ Incontinence of bowel
- ☐ Isolation (please select all that apply):
  - ☐ Airborne ☐ Contact ☐ Droplet
  - ☐ None
- ☐ Mobility (please select only one (1)):
  - ☐ DEP ☐ IND ☐ MIN A
  - ☐ MOD A ☐ MAX A ☐ SUP
- ☐ Non-skilled wound care
- ☐ Recent incarceration
- ☐ Other (specify): _____

Member's Final Discharge Disposition (please select only one (1)):

☐ Board and care ☐ Friend or family's home ☐ Hotel ☐ Patient's home ☐ Shelter

☐ Skilled nursing facility (SNF)