

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.

Last Name:		
SECTION 2: HOSPITAL INFORMATION	SECTION 1: MEMBER INFORMATION	
SECTION 2: HOSPITAL INFORMATION Hospital Requesting Transfer:	Last Name: F	irst Name:
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)): Stayected Level of Care: Custodial Requested Services (please select all that apply): Activities of Daily Living (please select only one (1)): DEP IND MIN A AIRborne Contact Droplet MOD A MAX A SUP Bariatric care Mobility (please select only one (1)): Behavioral issues MOD A MAX A SUP Incontinence status (please select all that apply): Recent incarceration Incontinence of bladder Incontinence of bowel Member's Final Discharge Disposition (please select only one (1)):	Date of Birth (MM/DD/YYYY): A	lliance Member ID #:
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)): Stayected Level of Care: Custodial Requested Services (please select all that apply): Activities of Daily Living (please select only one (1)): DEP IND MIN A AIRborne Contact Droplet MOD A MAX A SUP Bariatric care Mobility (please select only one (1)): Behavioral issues MOD A MAX A SUP Incontinence status (please select all that apply): Recent incarceration Incontinence of bladder Incontinence of bowel Member's Final Discharge Disposition (please select only one (1)):		
Designated Contact Full Name:	SECTION 2: HOSPITAL INFORMATION	
Phone Number: Expected Discharge Date from Hospital:	Hospital Requesting Transfer:	
Admitting Diagnosis:	Designated Contact Full Name:	
Admitting Diagnosis:	Phone Number: E	expected Discharge Date from Hospital:
Estimated Length of Stay (LOS) at Custodial Facility (please select only one (1)):		
Expected Level of Care: Custodial Requested Services (please select all that apply): Activities of Daily Living (please select only one (1)): DEP	<u> </u>	
Requested Services (please select all that apply): Activities of Daily Living (please select only one (1)): DEP		
□ Activities of Daily Living (please select only one (1)): □ IND □ MIN A □ Airborne □ Contact □ Droplet □ MOD A □ MAX A □ SUP □ None □ Mobility (please select only one (1)): □ Mobility (please select only one (1)): □ MOD A □ MIN A □ MOD A □ MAX A □ SUP □ Incontinence status (please select all that apply): □ Non-skilled wound care □ Recent incarceration □ Recent incarceration □ Other (specify): □ Member's Final Discharge Disposition (please select only one (1)):		
□ DEP □ IND □ MIN A □ Airborne □ Contact □ Droplet □ MOD A □ MAX A □ SUP □ None □ Bariatric care □ Mobility (please select only one (1)): □ DEP □ IND □ MIN A □ History of substance abuse □ MOD A □ MAX A □ SUP □ Incontinence status (please select all that apply): □ Non-skilled wound care □ Recent incarceration □ Incontinence of bladder □ Other (specify): □ Other (specify): Member's Final Discharge Disposition (please select only one (1)):	'_	
□ MOD A □ MAX A □ SUP □ None □ Bariatric care □ Mobility (please select only one (1)): □ Behavioral issues □ DEP □ IND □ MIN A □ History of substance abuse □ MOD A □ MAX A □ SUP □ Incontinence status (please select all that apply): □ Non-skilled wound care □ Incontinence of bladder □ Recent incarceration □ Incontinence of bowel □ Other (specify): Member's Final Discharge Disposition (please select only one (1)):		
Behavioral issues History of substance abuse Incontinence status (please select all that apply): Incontinence of bladder Incontinence of bowel Member's Final Discharge Disposition (please select only one (1)):	☐ MOD A ☐ MAX A ☐ SUP	<u> </u>
☐ History of substance abuse ☐ Incontinence status (please select all that apply): ☐ Incontinence of bladder ☐ Incontinence of bowel ☐ Incontinence of bowel ☐ Other (specify): ☐ MOD A ☐ MAX A ☐ SUP ☐ Non-skilled wound care ☐ Recent incarceration ☐ Other (specify): ☐ Member's Final Discharge Disposition (please select only one (1)):	☐ Bariatric care	☐ Mobility (please select only one (1)):
☐ Incontinence status (please select all that apply): ☐ Incontinence of bladder ☐ Incontinence of bowel ☐ Incontinence of bowel ☐ Other (specify): ☐ Member's Final Discharge Disposition (please select only one (1)):	☐ Behavioral issues	☐ DEP ☐ IND ☐ MIN A
☐ Incontinence of bladder ☐ Incontinence of bowel ☐ Other (specify): ☐ Member's Final Discharge Disposition (please select only one (1)):	☐ History of substance abuse	☐ MOD A ☐ MAX A ☐ SUP
☐ Incontinence of bowel ☐ Other (specify): Member's Final Discharge Disposition (please select only one (1)):	_	r):
Member's Final Discharge Disposition (please select only one (1)):	_	Recent incarceration
	☐ Incontinence of bowel	☐ Other (specify):
☐ Board and care ☐ Friend or family's home ☐ Hotel ☐ Patient's home ☐ Shelter ☐ Skilled nursing facility (SNF)		