

Form 148W - Status Change (Includes Transfers)

Support Coordinator Agency

Name: _____ Medicaid Provider #: _____
Address: _____
Telephone #: _____ Fax #: _____ E-Mail: _____

Participant

Update Personal Information, effective: _____
Name: _____ SSN: _____
Address: _____
Region: _____ Sex: _____
Parish: _____ Medicare #: _____
DOB: _____ Marital Status: _____ Phone #: _____
Medicaid Eligible: _____ Medicaid #: _____
Waiver Type: _____

Personal Representative / Curator

Name: _____ Relationship: _____
Address: _____
Email: _____ Home Phone: _____
Cell Phone: _____ Day Phone: _____

Status Change Information

A. Temporary facility/Rehabilitation placement. NOT discharged from waiver.

Admission Date _____
Facility Type _____
Temp Placement
(Facility Name) _____

B. Returned to waiver from temporary Facility or Rehabilitation placement

Effective Date _____

If transferred from rehabilitation or hospital to temporary placement in LTC facility, indicate hospital admit date.

Admit Date _____

C. Transferred From Region

From _____
To _____
On Date _____

D. Transitioned

From _____
To _____
On Date _____

E. Support Coordinator Agency Transfer

From _____
To _____
On Date _____

F. Resident discharged from facility and transitioned to community

On Date _____

Created By: _____

Date Created: _____