# PLACEMENT NOTIFICATION FOR OBRA

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| --- | --- |
| **Date:** |       |

|  |  |  |
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| **T****o:** |       | , DDS Case Manager |

|  |  |  |
| --- | --- | --- |
| **From:** |       | , DDS OBRA Nurse |

**Individual’s Name:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above-named individual has been approved for:

[ ]  Short-term stay in ­­­­­­­­­­­­­a nursing facility on

[ ]  Long-term stay in a nursing facility on

Extension(s) were granted on:

Individual known to DDS: Yes [ ]  No [ ]  DDS #:

OBRA Registrant: Yes [ ]  No [ ]

D.O.B.:

Social Security #: XXX-XX-

Name of Facility:

Facility Address:       Facility Phone No.:

**OBRA Requests:**

**[ ]**  Case manager to refer to PRAT

**[ ]**  Case manager to refer to MFP

**[ ]** New DDS number

**[ ]** Case manager to refer to Day Program

**[ ]** Discharge date from Nursing Facility

**Please complete this form and return it to the DDS OBRA Nurse with the following information:**

DDS Case Manager assigned:

Signature of Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Date of submission to PRAT:

cc: Case Management Supervisor, Regional PRAT Coordinator, Resource Manager, and for OBRA Registrants only, the DDS Eligibility Unit