Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Helping people. It's who we are and what we do.

Robert H. Thompson
Administrator

ADMIT / DISCHARGE / DEATH NOTICE

SECTION I. APPLICANT INFORMATION			
Ensure all data is accurate and matches the applicant's records from Medicaid and Social Security.			
Facility Submitting Form: (Please do not use initials)	Facility Address:		
Facility Point of Contact Name, Phone Number/Email:			
Applicant's Last Name:	Applicant's First Name:	M.I:	
Social Security Number:	Date of Birth:	Sex: ☐ M ☐ F	
If the above information is for a newborn, complete the following:			
Newborn's Mother's Last Name: First Name:	Medicaid Billing Number (11 digits):	Social Security Number:	

SECTION II. ADMISSION / DISCHARGE/ DEATH INFORMATION		
A. ADMISSION INFORMATION: (Complete this area with current and previous facility stay information)		
*ADM (Admission) Code B From ACUTE Level C From SKILLED NURSING Level D From INTERMEDIATE CARE Level E From INDEPENDENT LIVING	* ADM CODE	A. ADMISSION DATE TO THIS LEVEL OF CARE:
If there are previous admissions, including other facilities, complete the information below for each one. Refer to the code list above to select the appropriate ADM code for the applicant's admission.		
* ADM CODE:	Applicant Admitted From: (Include name. Do not use initials.)	Applicant Dates of Stay: From: To:
* ADM CODE:	Applicant Admitted From: (Include name. Do not use initials.)	Applicant Dates of Stay: From: To:
B. DISCHARGE/DEATH INFORMATION: (Complete this area **only** if being sent as a Discharge/Death Notice)		
**DIS(Discharge) Code B to ACUTE Level C to SKILLED NURSING Level D to INTERMEDIATE CARE Level E to INDEPENDENT LIVING Arrangement F PATIENT/RESIDENT DECEASED	**DIS CODE	B. DISCHARGE OR DEATH DATE:
Applicant Discharged To: (Include name and address)		

Notice Completed by: _____ Phone Number: _____

DISTRIBUTION: WHITE – Local Social Services District Office