NOTICE OF ADMISSION/DISCHARGE FOR THE ASSISTED LIVING PROGRAM

Human Resources Administration
Department of Social Services

HCSP-3027 01/26/2015

Home Care Services Program
Centralized Medicaid Eligibility Unit
785 Atlantic Avenue, 7th Floor
Brooklyn, New York 11238

DATE: _____

ALP FACILITY NAME: _____

CONTACT NAME: _____

TELEPHONE: _____

CONSUMER NAME: _____ CIN: _____

SOCIAL SECURITY # _____
(Last four digits only)

You MUST indicate a requested action:

□ The ALP has determined that the above individual is medically eligible for admission to the ALP facility effective _____

□ Nursing home discharge for ALP admission (MAP-259F required **and** included)

□ Discharge from ALP to community

Effective date: _____

New residence address: _____

_____