



Continued Stay Request

Submit to Nursing Facility Admission Unit via RightFax (225-389-8198 or 225-389-8197).

Resident's Name (Print):		Resident's SSN:
Describe Need for Continued Stay:		
Does the resident have a court order to remain in the nursing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit the supporting documentation with this request.)		
ALL of the Following Supporting Documentation MUST be Attached:		
<input type="checkbox"/> Most recent MDS 3.0 (Quick Print version if available); <input type="checkbox"/> Medication Administration Record, including physicians' orders for the last 7 calendar days prior to request; <input type="checkbox"/> Most recent progress notes from physicians, nurses and/or other clinicians; and <input type="checkbox"/> Any additional documentation that supports the need for continued stay. <input type="checkbox"/> If appropriate, documents required for a Level II review.		
Signature(s):		
Resident's Signature:		Date:
Name of Resident's Legal Guardian (Print):	Resident's Legal Guardian's Signature:	Date:
Name of Resident's Authorized Representative (Print):	Resident's Authorized Representative's Signature:	Date:
Legal Guardian or Authorized Representative's Telephone Number(s):		
Does the legal guardian or authorized representative want to be present if a face-to-face interview with the resident is necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Submitted By:		
Name of Facility:		
Name & Title of Facility Representative:		
Telephone Number:	Email Address:	
Signature:		Date: