



Instruction Sheet

To qualify, candidates:

1. Must be Age 21 or older.
2. Must be Enrolled in the Medi-Cal Program or provide Social Security Number
3. Must be Enrolled and Receiving Social Security benefits.
4. Must have a need for assistance with ADL's (Activities of Daily Living). If the applicant is too independent, he/she may not qualify for this program.

Identify where the applicant is currently residing and submit the documents required for that type of applicant. For individuals that have a legal representative we will require a copy of the Advance Health Care Directives or letters of appointment for Health Care.

(SNF) For applicants residing at a: Skilled Nursing Facility (SNF) or Hospital

1. **Application Form** - provided in this packet (Page3, must be signed by applicant or legal representative)
2. **Face-Sheet** - from the Hospital or SNF
3. **History and Physical** - from the Hospital or SNF
4. **Physician orders** - from the Hospital or SNF
5. **Freedom of Choice Form** - provided in this packet.
6. **Amenities Waiver Form** - provided in this packet.
7. **Advance Health Care Directives** - provided in this packet (only required if applicant has a legal representative)

(Community) For applicants residing at: Home (with or without services) (Must be Waitlisted)

1. **Application Form** - provided in this packet (Page3, must be signed by applicant or legal representative)
2. **Freedom of Choice Form** - provided in this packet.
3. **Amenities Waiver Form** - provided in this packet.
4. **Physician's Report Form (602A)** - provided in this packet (Page1, Section III must be signed)
5. **List of Medications** - a printed list of current medications taken applicant
6. **Advance Health Care Directives** - provided in this packet (only required if applicant has a legal representative)

(Rollover) For applicants residing at an: Assisted Living Facility or Board & Care (Must be Waitlisted)

1. **Application Form** - provided in this packet (Page3, must be signed by applicant or legal representative)
2. **Freedom of Choice Form** - provided in this packet.
3. **Amenities Waiver Form** - provided in this packet.
4. **Physician's Report Form (602A)** - provided in this packet (Page1, Section III must be signed)
5. **2 Resident Appraisal Forms (603A)** – Copy of the initial appraisal done at time of admission and an updated appraisal if the appraisal does not reflect a significant change the applicant will not be eligible to participate.
6. **Medical Records** - from hospitalizations or skilled nursing rehabilitation
7. **List of medications** - from RCFE a list of current medications taken by applicant
8. **Incident Reports** – documented incidents submitted by the facility to Licensing.
9. **Advance Health Care Directives** - provided in this packet (only required if applicant has a legal representative)

Please submit all documents by any of the following:

Fax: (877) 405-6991 (Attention to: ALW Department)

Email: ALW@grandcarehealth.com (attached as a PDF document)

Mail to: ALW Department – 3452 E. Foothill Blvd. Suite 130A, Pasadena, CA 91107