

Choices For Care
Admission to Services Form

Complete when admitting a CFC applicant pending Medicaid or an active CFC participant.

Individual Name: _____

Address: _____

DOB: _____ SSN: _____

A. Previous Setting

- Home-Based (Traditional)
Flexible Choices
Adult Family Care
Enhanced Residential Care
Nursing Facility
Hospital Swing Bed

B. Admission (Check the service option and write in the name of the service provider)

Date: _____

- Home-Based (Traditional)
ARIS
Home Health Agency
Flexible Choices, Transition II
Adult Family Care
Authorized Agency
Enhanced Residential Care
Nursing Facility
Hospital Swing Bed

C. Case Management Agency (For Home Based or Flexible Choices only)

- Area Agency on Aging
Home Health Agency

Completed by: _____

Email: _____

Phone: _____

Agency: _____

Provider ID#: _____



Send to: ADPC: 280 State Drive Waterbury, VT 05671-1500; Fax (802) 241-0514 AND
DAIL: Local LTCCC (SAMS or Email / Fax) CALL 802-241-0294 For Contact List