



Options Counseling Referral Request Form

If a nursing home resident has indicated interest in learning more about transitioning home, the below referral form is to be completed by the Nursing Facility. Upon completion, fax the form to 833-521-2627 or email NCLIFTSSLCA@kepro.com.

Beneficiary Demographics

Beneficiary's Name: First: _____ MI: ___ Last: _____

DOB: _____ **Phone Number:** _____

Date of Admission: _____

Pay Source: _____

Did the resident require additional assistance in completing Section Q (MDS 3.0), if yes, please check:

Family Significant Other Guardian Legally Authorized Representative Other

Name: _____ **Phone Number:** _____

Referring Facilities Contact Information

Name of Staff Contact: _____

Phone Number: _____

Email Address: _____

Name of Facility: _____

Address: _____ **City:** _____

County: _____