

# LONG TERM CARE ADMINISTRATION ALTERNATIVE FUNDS REQUEST FORM

**Fax form to Long Term Care ADMINISTRATION: (405) 530-7265**

<b>Participant Name</b>				<b>SoonerCare ID</b>	
	<i>Last</i>	<i>First</i>	<i>MI</i>		

<b>TC/CM: <i>Please complete and attach supporting case notes.</i></b>	
Agency:	TC/CM:
Date of Service From:	Date of Service To:
Total # of Units Requested:	Code: <input type="checkbox"/> Standard <input type="checkbox"/> Very Rural      Rate:
List Documents Obtained for Member (i.e. Birth Certificate, Photo ID, SSN) :	
Cost to Obtain Documentation(s):	
Total amount requested (total units requested + cost for docs obtained):	

<b>TC/CM Supervisor:</b>	
1. Has TC/CM submitted member's discharge/withdrawal form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has TC/CM attached progress note documentation supporting units requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name:	Supervisor Signature:      Date:

**To be completed by Long Term Care ADMINISTRATION Staff**

Date Received:

Date Reviewed:

LCP Coordinator:

Documentation Review

- Progress notes reviewed
- Alternative Funds Request Form reviewed
- Additional information needed

Comments:

<b>Total # of Units approved:</b> <b>Total amount approved:</b> <b>Invoice #</b>
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