## SENIOR CARE RESOURCES

## REQUISITION TO PROCESS PA-600

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Kane Facility (circle):	Glen Hazel	Scott	McKeesport	Ross
Resident Name/#: Jensen, Mette  MA Need Date: 8/2//6				
MA Need Date: 8/2//6				
Soc. Sec. # 214-76-9425				
Notes*:	Mad			
Notes*:	Adn 7/13/16			
*Note if resident is d	cceased or discharged, if any	known problems exist, etc	C.	
				a markin Subject of
1 Litt		gang pangganggan ang apasa pana pang ang panggan apang na panggan pagaman kandadan ang sababahan sa sa sa sa s Bangganggangganggan pangganggan sa sa pangan apang na panggan pagaman kandadan sa s		
Short term - co i	nsurance or co pays		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Short term - no insurance				
Short term - insurance coverage ended before discharge				
Short term - bed hold days				
Other (describe)	<u>ACCENTAGE AND AND AND AND AND AND AND AND AND AND</u>	ere og elvingen frisk frigt i 1.47 det bled 2.57 per premer i brend biblio.	mpinging paramining representative states and the states and the states are stated by the states and the states are states and the states are states and the states are states a	
				The state of the s
Not started				
Pending letter attached				
Rejection attached				
PDA Waiver				
Submitted prior to admission (no caseworker or pending letter)				
Other (describe)				
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7/27/16 9	20 rue X	one x	useres Afe	.C.C.
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7/27/16 K	)			
1/01/16 M	ntall.			

<sup>\*</sup>SCR caseworkers may be reassigned due to: work load, conflict of personalities, personal knowledge of families, extended absences and any other reason that may interfere with the process of the Medical Assistance application.

FACE SHEET MR-6 07/27/2016 3:01 PM

## JOHN J. KANE REGIONAL CENTER **MCKEESPORT**

RESIDENT IDENTIFICATION RECORD

Resident Name: METTE JENSEN

Resident #

: 275420

Room

: 233 D

SSN

: 214-76-9425

Birth Date

: 01/30/1966

Marital Status : Divorced

Race: W

Sex : F

Veteran Status : Yes No

Admission Date : 07/13/2016 Case: 0 Admitted From : ADMIT FROM HOME

Attending Physician: Dr M MUKHTAR

: (412) 672-9000

Alternate Physician : Dr ROGER ZIONCHECK

Phone

: (412) 672-1000

Primary Diagnosis:

Admitting Diagnosis:

Legal Competency Status:

Original Kane Admit Date: 07/13/2016

MOST RECENT HOSPITAL STAY

Hospital Name:

Admit Date Disch Date

Preferred Hospital:

Funeral Home

Phone

Church

Phone

Religion

: LUTHERAN

IMPORTANT NOTE:

The first two Authorizations on the MR-6A must be signed upon admission if an Admission Agreement has not yet been signed. In such cases, the MR-6A must be signed by resident or legal representative upon

entrance/admission to the Regional Center.

Medicare # : 214769425A

MA Recipient # Rec#/Cat/Line: 02

MA Eff Date :

Insurance Co

Policy #

Group # End Date

Phone #

Insurance Co

Policy #

Group # End Date

Phone #

Insurance Co

Policy #

Group #

End Date

Phone #

Resident Current Kane Phone #:

RESIDENT HOME ADDRESS

14 ELDER DRIVE INDIAN HEAD MD 20640

Resident Birthplace: Lifetime Occupation:

**EMERGENCY CONTACTS** 

DONNA SAUNDERS 2415 RIVERVIEW ST.

MCKEESPORT PA 15132

(412) 251-6310

ERICA RUTKAI 9819 LOCUST ST. GLENDALE MD 20769

(240) 577-3071

FRIEND

**DAUGHTER** 

OSRUTKAI Ognail.com

ADDITIONAL NOTES:

MR-6 (12/2012)