## SENIOR CARE RESOURCES

## REQUISITION TO PROCESS PA-600

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Kane Facility (circle):	Gien Hazel	Scott	McKeesport )	Ross
Resident Name/#:	Re	bents.	Fred	
MA Need Date:	5/3/16			
Soc. Sec. #	189-26-9526			
Notes*:	Med A only			
Notes*:	4/13-116			
*Note if resident is de	ceased or discharged, if any	known problems exist, etc	tion and and the first trade of the second s	Where terrifying the first exposure of the transport of the second of th
LITE				
Short term - co in	surance or co pays			
Short term - no in		The state of the s		
Short term - insurance coverage ended before discharge				
Short term - bed   Other (describe)	noid days		Augment farmer enters, in consequent and a	
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Not started	Barrier (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864) (1864)	Carlos Contra de Carlos Ca Carlos Carlos Carlo	te de la companya de	CALL TO THE RESERVE OF THE PARTY OF THE PART
Pending letter atta	eched			
Rejection attached				
PDA Walver				
Submitted prior to admission (no caseworker or pending letter)				
Other (describe)		antida pandar antigoni di sego o cago ograni casa i suantiga e		
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<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** 08/10/2016 10:40 AM

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

RESIDENT IDENTIFICATION RECORD

Resident Name: FRED ROBERTS

Resident #

: 273650

Room

: 427 D

SSN

: 189-26-9526

Birth Date

: 11/24/1934 Marital Status : Never Married

Race: W

Sex : M

Veteran Status : Yes No

Admission Date : 04/13/2016 Case : 0

Admitted From: ADMIT FROM ACUTE HOSPITAL

Attending Physician: Dr ROGER ZIONCHECK

Phone

: (412) 672-1000

Alternate Physician : Dr NADEEM ISLAM

Phone

Primary Diagnosis:

Admitting Diagnosis:

Legal Competency Status:

Original Kane Admit Date: 04/13/2016

MOST RECENT HOSPITAL STAY

Hospital Name: MCKEESPORT

Admit Date

: 08/07/2016

Disch Date

: 08/09/2016

Preferred Hospital:

Funeral Home

Phone

Church

Phone

Religion

IMPORTANT NOTE:

: 189269526A

The first two Authorizations on the MR-6A must be

signed by resident or legal representative upon entrance/admission to the Regional Center.

signed upon admission if an Admission Agreement has

not yet been signed. In such cases, the MR-6A must be

MA Recipient # :

Medicare #

Rec#/Cat/Line: 02

MA Eff Date

Insurance Co

Policy #

Group #

Phone #

**End Date** 

Insurance Co

Policy #

Group #

End Date

Phone #

Insurance Co

Policy #

Group #

**End Date** 

Phone #

Resident Current Kane Phone #:

RESIDENT HOME ADDRESS

1318 ARCH ST. MCKEESPORT PA

Resident Birthplace:

Lifetime Occupation:

**EMERGENCY CONTACTS** 

CRYSTAL DELSARDO 468 MCCULLY ST.

WHITE OAK PA 15131

(412) 576-7566

**NEICE** 

**ADDITIONAL NOTES:** 

MR-6 (12/2012)