

# Emergency Admit Certification FAX MEMO

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To: \_\_\_\_\_ FAX \_\_\_\_\_

From: \_\_\_\_\_ Title: \_\_\_\_\_

Nursing Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that \_\_\_\_\_ is an "Emergency Admit" for one of the  
Customer's Name

Following reasons: (check appropriate reason and add comments)

- An admission is requested by Department for Children and Families (DCF) Adult Protective Services (APS);
- A natural disaster has occurred;
- The primary caregiver is unavailable, due to a situation beyond the caregiver's control (e.g., caregiver becomes ill or an accident involving the caregiver occurs);
- The admission to the nursing facility is from an out-of-state community and is beyond the individual's control, i.e., an individual being admitted from their place of residence in another state on a weekend when an ADRC CARE assessor is not available; or
- A physician ordered immediate admission due to the individual's condition.

- I also certify that the doctor's original "Emergency Order" and that completed "Sections A & B" CARE Level-I form is in this client's chart.

Please accept this fax as: a **Request for a Full CARE Level-1 Assessment.**

\_\_\_\_\_  
Signature of person requesting

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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