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| VA logo **Veterans Administration** | **VHA FAX TRANSMITTAL** |
| TO:  **Please send referrals to your Orlando VA Primary Care Social Worker** | FAX NUMBER  | **[ ]**  | FTS | **[ ]**  | **COMMERCIAL** | DATE | **NO. PAGES ATTACHED** |
|   |  |  |  |
| SUBJECT Request for VA Authorization for Community Nursing Home Placement  |
| FROM RCoordinator  | TELEPHONE NUMBER | **[ ]**  | **FTS** | **[ ]**  | COMMERCIAL |
|  Hospice staff, SNF staff, Other |  |

The information listed below is required to complete a CNH referral. The information will be reviewed to determine the Veteran’s most appropriate level of care needs and whether VA authorization will be provided.

\_\_\_\_\_ **State of Florida 3008 form** - both pages signed and dated by doctor, no older than 30 days

\_\_\_\_\_ **Admission face sheet**

\_\_\_\_\_ **History and Physical** (Certification of Terminal Illness if Hospice referral)

\_\_\_\_\_ **Most recent physician progress note**

\_\_\_\_\_ **Current medication list**

\_\_\_\_\_ **Therapy evaluations and most recent therapy progress notes, if applicable** – may be in-home therapy notes if Veteran is receiving services at home

\_\_\_\_\_ **Specialty care needed including**:

 Oxygen: type: frequency:

 TPN/tube feedings: type: frequency:

 IVA: type: frequency:

 HBO: type: frequency:

 Chemo/Radiation: type: frequency: location:

 Wound Care/Vacuum: type: frequency:

 Dialysis: type: frequency: location:

 Other: type: frequency: location:

\_\_\_\_\_ **Name of the VA-contracted Community Nursing Home** accepting Veteran

\_\_\_\_\_ **Please list a point of contact and phone number for the source of Veteran’s referral** (hospice agency, skilled nursing facility, etc.) so follow-up can be made regarding the status of referral

Thank you for your assistance.

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