



Nursing Home Diversion Supportive Housing Program

Phone (631) 236-4325 ext. 3140

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Email: NursingHomeDiversion@Fedoforg.org

Application

Section 1: General Information

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Phone Number: () _____

Social Security Number: _____ E-mail: _____

Gender: _____ Preferred Language: _____ Marital Status: _____

Section 2: Entitlement Information

Medicaid #: _____ ***Medicaid number required

Medicare #: _____

Other Insurance: _____

SSI Amount: _____

SSDI Amount: _____

Public Assistance: _____

Food Stamps: _____

Other: _____

Section 3: Current Living Situation *Please check one of the following

1. Currently in Nursing Home _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

OR

2. Currently homeless: _____

Provide current location of applicant or information of the shelter that applicant is residing:

OR

3. Pending Homelessness _____

Explain: _____

Section 4: Medical Information

1. List ALL medical conditions:

2. Name, address and telephone numbers of your treating physician(s) and specialist(s):

3. List all medical equipment necessary:

4. List current medications and dosages:

5. Briefly describe all hospitalizations in the past five years including hospital name, admission date, length of stay and reason for hospitalization:

Section 5: Preferences

1. What county would applicant prefer to be housed in? (Check) Nassau _____ Suffolk _____

2. Necessary special accommodations: _____

Section 6: Referral Information

3. Referring Agency: _____ Contact Person: _____

4. Address: _____

5. Phone Number: (____) _____ Email: _____

In order to process application, please include:

- Completed signed referral application
- Entitlements and Wage Verification i.e. Medicaid number, insurance cards, Social Security Award Letter, income information, additional financial assistance
- Provide any recent medical information
- If homeless, provide attestation of homelessness
- If applicable, provide Legal Guardian/Health Care Proxy/Power of Attorney paperwork

Section 6: Completion & Signature

Applicant Signature _____ Date _____

Thank you for your application. A member of the Nursing Home Diversion Supportive Housing Program will contact you upon receipt of your application.
