To Megan Barton, LCSW  
CNH Coordinator Orlando VAMC  
Phone (407)631-3311

Subject  
Request for Community Nursing Home Authorization

From 
Hospice staff, SNF staff, Other

Fax Number |  FTS | Commercial | Date | No. Pages Attached
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407-643-9230 |  |  |  |  

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If you received this communication in error, please notify us immediately at the telephone number shown above. Thank you.

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 by the doctor, no older than 30 days
- Admission Face Sheet
- History and Physical
- Consult summaries
- Current med list
- Therapy evaluations and most recent therapy progress notes, if applicable
- Specialty Care Needed including:

  - **Oxygen:** type: frequency:
  - **TPN/tube:** 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 contract nursing facility 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.