

## Assisted Living Waiver Waitlist Request

Member's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female Married: Yes No

9-Digit Medi-Cal Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County in which the applicant currently resides: \_\_\_\_\_

Care Coordination Agency (CCA) Name: \_\_\_\_\_

Where is the applicant currently residing: Acute Hospital At Home Homeless  
Residential Care Facility or the Elderly(RCFE) Skilled Nursing

Other (please specify): \_\_\_\_\_

Who has the legal authority to make the applicant's health care decisions?

Applicant

Other: \_\_\_\_\_

Was the legal representative notified of this request for the ALW waitlist? ☐ Yes ☐ No

Is there Adult Protective Services or Long-Term Care Ombudsman Involvement?

Yes No If yes, please attach supporting documentation.

Please identify all current programs and services:

See instructions for ALW Waitlist Request Form for more information on the programs listed below.

☐ Adult Day Health Care ☐ Program of All Inclusive Care for the Elderly (PACE)

☐ Senior Care Action Network (SCAN) ☐ Hospice ☐ Regional Center

☐ Home Health Agency – Hours per week: \_\_\_\_\_

Type of Services Received: ☐ Attendant Care ☐ Certified Home Health Aide (CHHA)

Nursing: ☐ RN ☐ LVN

☐ In-Home Support Services (IHSS) – Hours Authorized Per Month: \_\_\_\_\_

☐ Multipurpose Senior Services Program (MSSP) ☐ California Community Transitions (CCT)

☐ Home and Community-Based Alternatives (HCBA) Waiver



**Quick questions? Text (909)990-6007 for assistance.**

**If you do not currently have Medi-Cal benefits, please provide your Social Security number** or call our team to provide over the phone. **Your Medi-Cal number** consists of nine digits, starting with a 9 and ending with a letter. *Example: 91234567H*

Once waitlist request form is completed, **please email form to:**  
**alw@betahospice.com**

**Beta Phone: (747)293-5777**

**Fax: (844)921-1116**

**Email: [alw@betahospice.com](mailto:alw@betahospice.com)**