

To qualify, candidates:

1. Must be Age 21 or older.
2. Must be Enrolled in the California Medi-Cal Program.
3. Must be receiving Social Security benefits.
4. Must have a need for assistance with ADL's (Activities of Daily Living). (If the applicant is too independent, he/she may not qualify for this program).
5. Must receive enough income to pay monthly room and board rent amount determined annually by Social Security.
6. Must be residing in, or willing to reside in one of the ALW approved counties.

For individuals that have a legal representative we will require a copy of the Advance Health Care Directives or Medical Power of Attorney document.

(SNF) applicants residing at a Skilled Nursing Facility (SNF) or Hospital (Must be in Hospital and/or SNF a total of 60 consecutive days):

1. **Application Forms packet** - Must be completed/signed by applicant or Legal Representative:
 - Application
 - Acknowledgement & Agreement
 - Freedom of Choice
 - Amenity Form
2. **Face-Sheet** - from the Hospital or SNF
3. **History and Physical** - from the Hospital or SNF
4. **Physician orders** - from the Hospital or SNF

(Community) applicants residing at Home (with or without services) (Must be Waitlisted):

1. **Application Forms packet** - Must be completed/signed by applicant or Legal Representative:
 - Application
 - Acknowledgement & Agreement
 - Freedom of Choice
 - Amenity Form
2. **Physician's Report Form (602A)** - Must be current (within 6 months). Page1, Section III must be signed.
3. **List of Medications** - a printed list of current medications taken by applicant.
4. **Advance Health Care Directives** - Only required if applicant has a legal representative.

(Rollover) For applicants residing at an ALW approved Assisted Living Facility (Must be Waitlisted):

1. **Application Form packet** - Must be completed/signed by applicant or Legal Representative:
 - Application
 - Acknowledgement & Agreement
 - Freedom of Choice
 - Amenity Form
2. **Physician's Report Form (602A)** – Must be current (within 6 months). Page1, Section III must be signed.
3. **List of Medications** - a printed list of current medications taken applicant.
4. **Advance Health Care Directive** - Only required if applicant has a legal representative.
5. **Two Resident Appraisal Forms (603A)** - Copy of the initial appraisal done at time of admission and an updated appraisal that reflects significant level of care changes.
6. **List of Medications** - list of current medications (including over the counter supplements).
7. **Incident Reports** - documented incidents submitted by the facility to Licensing.

Please submit all documents to Guidant Care:

Fax: (310) 220-3121

Email: info@guidantcare.com

Mailing address: Guidant Care Management • 1406 Blue Oaks Blvd. • Roseville, CA 95747

PH: 844-494-6304