

## Instructions

### Community Care Foster Family Homes (CCFFHs) Filled/Open Client Bed Reporting Instructions

Please follow these instructions to complete the Community Care Foster Family Homes (CCFFHs) Filled/Open Client Bed Reporting Instructions and return it to CTA fax at: **1-888-539-1112** (NOT local number)

**NOTE: You must fill out the Filled/Open Client Bed Reporting Instructions EVERY TIME a client bed is filled with a client and EVERY TIME a client leaves and the bed becomes vacant.**

Please complete name, the address of your certified CCFFH, the phone number of the PCG and for how many clients (residents) you are certified for which is shown on your certificate.

*For 1 client CCFFH you must have a Medicaid client. You cannot have a Private Pay client.*

*For a 2 client CCFFH you must have 1 Medicaid client; you may only have 1 private pay client. If you have 1 private pay client right now then the Open/Vacant bed **must** be filled with a Medicaid client(s).*

*For a 3 client CCFFH you must have at least 2 Medicaid clients in a 3 client home.*

**How many clients (beds) are you approved for?** Check the box that indicates how many clients you are approved for.

### Filled/Open Client Beds (Clients In Your CCFFH Right Now)

**How many of the filled client beds have a Male client?** PICK ONE. Check the box that indicates how many Male clients you have right now. If you do not have any Male clients check the "0" box.

**How many of the filled client beds have a Female client?** PICK ONE. Check the box that indicates how many Female clients you have right now. If you do not have any Female clients check the "0" box.

**How many Medicaid clients do you have right now?** PICK ONE. Check the box that indicates how many Medicaid clients you have right now. If you do not have any Medicaid clients check the "0" box.

### Open Client Beds (for a MEDICAID client)

**If you are willing to have all your beds occupied by Medicaid clients:** If you willing to fill all your client beds with Medicaid clients check this box. If you do not want all your clients to be Medicaid then do not check this box.

**How many OPEN client beds are for a Medicaid MALE?** PICK ONE. Check the box that indicates how many Medicaid Male clients you need right now.

**How many OPEN client beds are for a Medicaid FEMALE?** PICK ONE. Check the box that indicates how many Medicaid Female clients you need right now.

### Open Beds (need a PRIVATE PAY client)

**How many OPEN client beds are for a Private Pay Male?** PICK ONE. Check the box that indicates how many Private Pay Male clients you need right now.

**How many OPEN client beds are for a Private Pay Female?** PICK ONE. Check the box that indicates how many Private Pay Female clients you need right now.

**If you do not care whether the client bed is filled with Male OR Female, How Many Beds Are Open for either Male or Female?** Check the box that indicates the number of client beds that are open for either a Male OR Female right now.

**Please sign, date and fax the form to the number listed at the bottom of the form.**

**FAX NUMBER IS NOT A LOCAL NUMBER.**

**1-888-539-1112**