



Daughters of Sarah

Nursing & Rehabilitation Center

CHECKLIST FOR SHORT-TERM STAY

Resident's Name: _____

Room: _____

Informational Items:

- What to Expect (READ 1ST)
- Resident Information Guide
- Notice of Privacy Practices
- Ombudsman Notice

Items Requiring Signature/Completion:

- Review Facesheet
- Medical Information Release
- Important Facts
- Permission for Payment- Authorizations/Releases
- Financial Information Form (if applicable)
- Insurance Verification
- Miscellaneous Authorizations
- Short Term Stay Agreement
- Referral Source Questionnaire (optional)
- Checklist of Items to Return (if applicable)

The above listed information has been reviewed with me. My questions regarding each item have been answered. I would like copies of documents: Yes No

If yes, I would like copies: E-mailed Printed

(Resident Signature)

(Date)

(Resident Representative Signature)

(Date)

(Staff Member's Signature)

(Date)

Please review items available in the Short-Term Rehab Binder in the Resident Room