Virginia Nursing Facilities Tracking Form

Send to: **Dual Diagnosis Management (DDM)**
227 French Landing Drive, Suite 250
Nashville, TN 37228
Ph: (877) 431.1388 Fax: (877) 431.9568

Resident/Applicant Demographic Information

Last: _____

First: _____ MI: _____

SS#: _____ DOB: _____

Section I: !New Admission
Complete this section for all NF/SB admissions and forward to DDM

Admitting Facility: _____ Admission Date: _____

Address: _____ City: _____

Contact Person: _____ Phone: _____

Section II: Transferred, Discharged, Deceased Resident
Complete this section for all Level II individuals only and forward to DDM.

A. TRANSFER Admission Date: _____

Admitting Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

NOTE: DDM MUST BE NOTIFIED IF THE INDIVIDUAL IS EXPECTED TO RETURN TO THE NURSING FACILITY SETTING

B. DISCHARGE Discharge Date: _____

Discharged to:

- ☐ Hospital/General
  - _____ Medical Unit
  - _____ Psychiatric Unit
- ☐ State Hospital/Acute Psychiatric Bed
- ☐ Other NF Bed-Type (no longer in a Medicaid certified NF bed)
  - _____ Rest Home Bed
  - _____ Other _____
- ☐ Other Setting
  - _____ Rest Home (outside of NF)
  - _____ Group Home
  - _____ Other Setting

C. DECEASED Date: _____

Submitted by: _____ Facility: _____
(please print)

Phone: _____