

VICE CHAIR

KEVIN M. MADDEN CHRISTINE A. REUTHER RICHARD R. WOMACK, JR.

## DELAWARE COUNTY OFFICE OF SERVICES FOR THE AGING

1510 CHESTER PIKE, SUITE 250 EDDYSTONE, PENNSYLVANIA 19022-1594

> 610-490-1300 www.delcosa.org

BARBARA S. NICOLARDI, MSW DIRECTOR

Dear Nursing Home Applicant:

Enclosed are the materials necessary for applying for Medical Assistance for nursing home care.

The steps that must be taken are:

## FOR FINANCIAL ELIGIBILITY

Complete Financial Disclosure form PA-600 and PA4 LTC form.

Mail form to: Delaware County Assistance Office

Intake Department

701

Crosby

Street

Chester,

PA 19013

(610)447-

5500

## FOR MEDICAL ELIGIBILITY

Have your physician fill out the MA-51 medical form.

Complete the Pre-Admission Screening Annual Resident Review (PA-

PASRR-ID). Complete the Pre-Admission Referral Cover Sheet.

Mail forms to: Delaware County Office of Services for the Aging

(COSA) Pre-Admission Assessment Unit

1510 Chester Pike, Suite 250 Eddystone, PA 19022-1594

Fax forms to: Delaware County Office of Services for the Aging Pre-Admission Unit (610) 490-1600

<u>NOTE</u>: When forwarding the forms to the Pre-Admission Unit, include **ALL** forms in the same mailing/fax. Missing forms will result in processing delays or returned forms.