

New Jersey Department of Human Services
 Division of Aging Services
 Global Options for Long-Term Care (GO) Medicaid Waiver
 P.O. Box 807
 Trenton, NJ 08625-0807

**ASSISTED LIVING (AL) FACILITY
 NOTIFICATION OF ROOM AND BOARD (R&B) SUPPLEMENTATION**

Submit within 15 days of effective date to: New Jersey Department of Human Services Division of Aging Services P.O. Box 807 Trenton, NJ 08625-0807	Or FAX to the Quality Assurance Unit (QAU) at: (609) 588-7683
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Name of Assisted Living (AL) Facility	Telephone Number
Name of AL Resident/GO Participant	Medicaid Number
	Admission Date
Effective Date of R&B Supplementation agreement if after admission:	Is a Medicaid unit available at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Unit to which upgraded:	Monthly cost of upgrade:
Consequence of Non-Payment:	
Name of Voluntary Third-Party Payer	Relationship
Address	
Signature	Date
Name of AL Facility Representative	Title
Signature	Date

Once submitted, a representative from the Division will contact you within two weeks if there are questions regarding this notification. Otherwise, the Notification of R&B Supplementation is acceptable.

c: GO Care Manager
 GO Participant File