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

Hawaii State Department of Health (DOH) is requiring all CCFFHs to use this form to report open and filled beds. **This form must be faxed to Community Ties of America (CTA) at 888-539-1112 within 24 hours whenever a bed at a CCFFH becomes vacant or occupied.** CTA will forward the information to DOH for posting on the DOH website.

Name: _____

Address: _____

City, Zip: _____

Phone Number: _____

How many beds (Resident/Client) is your CCFFH certified for: ☐ 0 ☐ 1 ☐ 2 ☐ 3

Filled Beds (Have Clients Now)

How many beds have a **Male** client? ☐ 0 ☐ 1 ☐ 2 ☐ 3

How many beds have a **Female** client? ☐ 0 ☐ 1 ☐ 2 ☐ 3

How many Medicaid clients do you have right now? ☐ 0 ☐ 1 ☐ 2 ☐ 3

Open Beds (for MEDICAID client)

How many OPEN beds are for a MEDICAID **Male**? ☐ 0 ☐ 1 ☐ 2 ☐ 3

How many OPEN beds are for a MEDICAID **Female**? ☐ 0 ☐ 1 ☐ 2 ☐ 3

I WILL ACCEPT EITHER Male **OR** Female: ☐ 0 ☐ 1 ☐ 2 ☐ 3

I AM WILLING TO HAVE ALL Medicaid clients, please check: ☐ YES ☐ NO

Open Beds (for PRIVATE client)

How many OPEN beds are for a PRIVATE PAY **Male**? ☐ 0 ☐ 1 ☐ 2 ☐ 3

How many OPEN beds are for a PRIVATE PAY **Female**? ☐ 0 ☐ 1 ☐ 2 ☐ 3

I WILL ACCEPT EITHER Male **OR** Female: ☐ 0 ☐ 1 ☐ 2 ☐ 3

Signed: _____ Date faxed: _____

CTA will update your Filled/Open Client Bed Reporting Form as you report them. They will be updated on the DOH website. You are responsible to fax this form to CTA within 24 hours whenever a bed becomes open or filled.

This form is the only way to report open/filled beds, and it must be faxed to CTA at 888-539-1112 in order to be recorded. CTA will not accept this reporting form by any other means. No cover page is necessary for faxing.

THE ONLY TIME TO FAX THIS FORM IS WHEN
YOU GET A NEW CLIENT OR WHEN ONE LEAVES YOUR CCFFH

Return to CTA - Fax # 1-888-539-1112