MEMO REGARDING HOSPITALIZATIONS AND/OR INCARCERATIONS TO ALAMEDA COUNTY SUBSTITUTE PAYEE PROGRAM

P. O. BOX 129, SAN LEANDRO, CA 94577

(510) 383-1567 FAX NO. (510) 383-1583 TIELINE 31567 QIC 28005

Rosa Rivera Linda Walters Georgina Miller FROM: SITE:PHONE NO RE:	DATE:			
RE: Name of Client	TO:			
RE: Name of Client	FROM:			
RE: Name of Client This is to inform you that client was: (check box or boxes below that apply and provide dates) ADMITTED TO DISCHARGED FROM John George Pavilion on				
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ADMITTED TO John George Pavilion on	Name	of Client		
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Eden Hospital on Fremont Hospital on Woodroe Place on Other: On Name & Address of Hospital use comments section below if additional space is needed) CONTINUE DISBURSEMENTS IF CLIENT DOES NOT RETURN TO SAME ADDRESS, I WILL INFORM YOU. STOP DISBURSEMENTS (TRANSMITTAL REQUIRED TO RESUME PAYMENTS) PLEASE NOTE: SUB-PAYEE UNIT MUST BE NOTIFIED WHEN CLIENT IS DISCHARGED AND DISBURSEMENTS MAY BE STOPPED IF HOSPITALIZED FOR AN ENTIRE CALENDAR MONTH. DATES must be provided INCARCERATED AT RELEASED FROM Santa Rita Jail on North County Jail on Other: On (Name and Address of Jail or Prison use comments section below if additional space is needed) STOP DISBURSEMENTS (TRANSMITTAL REQUIRED TO RESUME PAYMENTS) CONTINUE DISBURSEMENTS AS CLIENT WILL BE RELEASED ON IF NOT RELEASED ON THIS DATE, I WILL LET YOU KNOW. REMINDER TO CASE MANAGERS: VERIFICATION OF RELEASE OF INCARCERATION IS REQUIRED BY SOCIAL SECURITY. PLEASE PROVIDE VERIFICATION WHEN CLIENT IS RELEASED. CLIENT'S				
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