

OMA Living Arrangement Report

Service Area: X
Provider Name: XXXXXXXX XXXXXXXX
Program Name: FSP-Adult

Last 07/21/2008
Printed On: 7/31/2008

SA: 4 **Service Location:** XXXXXXXX XXXXXXXX

Group: Adult

Client ID: XXXXXXXX **Client Name:** XXXXXXXX XXXXXXXX
Residential Type: Single Room Occupancy (SRO) (must hold lease)
Partnership Type: Post-Partnership

Date From: 03/21/2008 **Date To:** 04/16/2008 **Num Days:** 27

Client ID: XXXXXXXX **Client Name:** XXXXXXXX XXXXXXXX
Residential Type: Acute Medical Hospital
Partnership Type: Post-Partnership

Date From: 04/17/2008 **Date To:** 05/06/2008 **Num Days:** 20

Client ID: XXXXXXXX **Client Name:** XXXXXXXX XXXXXXXX
Residential Type: Licensed Community Care Facility (Board and Care)
Partnership Type: Post-Partnership

Date From: 05/07/2008 **Date To:** 07/21/2008 **Num Days:** 76

Client: XXXXXXXX **Post-Partnership** **Days:** 551 **Partnership Date:** 01/18/2007

Client XXXXXXXX **Total Days:** 916

XXXXXXXXXXXXXXXXXXXXXXXXXXXX - Residential Type Pre/Post Partnership Summary

Residential Type		Pre-Partnership	Post-Partnership
	Days	0	663
	Avg Days	0	332
Acute Medical Hospital	Days	70	724
	Avg Days	35	48
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	Days	421	1848
	Avg Days	9	32