

Resident \_\_\_\_\_

Numeric \_\_\_\_\_

**SECTION S. STATE SUPPLEMENTAL ITEMS**

1.	<b>RESIDENCE PRIOR TO ADMISSION</b>	Residence prior to admission: (a) State (b) If WI, indicate county	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
2.	<b>LOCATION OF SPOUSE</b>	If the resident has a spouse, code the spouse's residence as one of the following: 1. In a nursing home (same or other) 2. In a dwelling the resident and/or spouse owns (i.e., homestead property) 3. Other/unknown living arrangement  If the resident is not married (i.e., never married, widowed, separated, divorced), code the following: 4. All other	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
3.	<b>LEVEL OF CARE</b>	For each resident, code a level of care. (This may be a provisional judgement for initial admissions, private pay residents or residents with a pending determination for a change in level of care).  01. ISN                      07. DD 1A 02. SNF                      08. DD1B 03. ICF-1                    09. DD2 04. ICF-2                    10. DD3 05. ICF-3                    11. Traumatic Brain Injury 06. ICF-4                    12. Ventilator Dependent	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				