

CHILDREN'S CRISIS RESIDENCE ADMISSION NOTIFICATION FORM

Individual's Name:	Date of Birth:
Medicaid/ID #:	Date of Admission:
Parent/Legal Guardian (if applicable) & Contact Info:	Insurance Plan Name and ID:
Name of Crisis Residence Program:	Agency Tax ID #:

Reasons for Admission

Mental Health Symptoms/Mental Health Diagnoses (if applicable)

1. _____
2. _____
3. _____

Additional Comments: _____

Initial Service Plan

Services Individual is Receiving (include Crisis Residence services and other outpatient services):	_____	_____
	_____	_____
	_____	_____
	_____	_____

Medications (if applicable): _____

Consultations (if applicable): _____

Coordination of Care with other providers: _____

Estimated Length of Stay (in days): _____

Preliminary Discharge Plan: _____

Assigned Staff to Coordinate with Plan (name and phone number): _____

Staff Signature	Print Name and Title	Date
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*For more information, refer to the *Children's Crisis Residence Benefit and Billing Guidance*. The guidance is posted here: <https://omh.ny.gov/omhweb/bho/crisis-intervention.html>

*Medicaid Managed Care plans are not required to use/accept this form, and may develop their own. Please check with an individual's Medicaid Managed Care plan about their admissions notification process.