



# 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.