



CHILDREN’S CRISIS RESIDENCE ADMISSION NOTIFICATION FORM¹

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 #:

Reason(s) 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):		

¹ Medicaid Managed Care Plans (MMCP) are not required to use/accept this form, and may develop their own. Please check with an individual’s MMCP about their admissions notification process. For more information, refer to the Crisis Residence Benefit and Billing Guidance. The guidance is posted here: <https://omh.ny.gov/omhweb/bho/crisis-intervention.html>.



Medications (if applicable):

Consultations (if applicable):

Coordination of Care with other providers (including BH provider contact information):

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