YOUTH LIPOS PRIVATE BED/PHP FUNDING – ADMISSION FORM

Today's Date: _____ EHR #: _____

Client Information

1. First Name: _____ 2. MI _____ 3. Last _____ 4. Race: _____

5. Date of birth: _____ / _____ / _____ 6. Primary Language _____

7. Client Admission Status: ☐ Voluntary ☐ Post-hearing Voluntary ☐ Involuntary

8. Reason for no insurance:

☐ Not eligible ☐ Not signed up ☐ Benefits pending ☐ No MH benefits in plan ☐ Other (describe below)

_____

9. Check one: ☐ Level I (Acute stabilization that will likely remit in 3-10days)

☐ Level II (Intensive needs that will likely require 10+ days of inpatient care; consider CCCA)

Admission Information

10. Admission date: _____ / _____ / _____

11. Admitting Hospital: ☐ Dominion ☐ Poplar Springs ☐ Snowden ☐ Other: _____ **OR**

PHP: ☐ Dominion

12. Hospital/PHP Staff contact: _____

13. Payment Authorized for _____ days (maximum of 3), or through ____ / ____ / _____

FUNDING IS LIMITED. BE SURE TO CHECK THAT FUNDING HAS NOT BEEN EXHAUSTED BEFORE AUTHORIZING PAYMENT.

14. CSB facilitating Admission:
☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William

15. CSB Staff Facilitating Admission: _____

16. Home CSB if different from above:
☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William

☐ Other: _____

17. CSB Facilitating Discharge Planning:
☐ Alexandria ☐ Arlington ☐ Fairfax ☐ Loudoun ☐ Prince William

18. CSB Staff Discharge Planning: _____

Last Updated: 1/27/17

Fax to NVRPO, attention Julie Parkhurst @ 703-653-6610