Northern Virginia Regional Substance Abuse Directors
Bed Purchase Authorization Form

Drawdown of regional funds for purchase of bed space in FFCCSB RTDS programming is being requested for the following individual.

Individual's Name: _____

Therapist/Case Manager & Supervisor of Referring Regional Jurisdiction

Name: _____ Title: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Supervisor: _____ Title: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Emergency Services of Referring Regional Jurisdiction

Address: _____
Office Phone: _____ Fax: _____

Prescriber/Psychiatrist Name: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Primary Care Physician/clinic: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Arrangements for psychiatric/medical care and co-pays:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

_____
_____

Arrangements for provision (payment for and delivery of) of psychotropic and medical medications:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

_____
_____

Arrangements for provision of specialized services (e.g. translation) to support participation:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

Arrangements for transportation beyond 15 miles from program location:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

Provisional housing plan at time of discharge:

Referring Regional Supervisor or Designee Signature Date

To be completed by RTDS RAU Manager

Individual approved for admission to RTDS programming: ☐ Yes ☐ No

Anticipated program length/completion date: _____

FFCCSB Residential Treatment and Detox Services Designee Signature Date

To be completed by Northern Virginia Regional Projects Office

Date Regional Substance Abuse Director authorized funding drawdown: _____

Northern Virginia Regional Projects Office Designee Signature Date