

December 2023

CRISIS RESIDENCE ADMISSION NOTIFICATION FORM

Individual's Name:	Date of Birth:	Contac	Contact Information:	
Legal Guardian (if applicable):		Insurance Plan Name and ID:		
Name of Crisis Residential Program:		Date of Admission:		
Check Program Type: Residential Crisis Support Intens		nsive Cr	sive Crisis Residence	
Reason(s) for Admission				
Mental Health Symptoms:	Co-occurring SUD:		Medical:	
	□ NO □YES (list):		□ NO □YES (list):	
1.	1.		1.	
2.	2.		2.	
3.	3.	;	3.	
Initial Service Plan				
Convisoo Individual is Dessiving				
Services Individual is Receiving (include Crisis Residence services and				
other outpatient services):				
Consultations (if applicable):				
Coordination of Care with other providers:				
Estimated Length of Stay (in days):				
Preliminary Discharge Plan:				
Treatment for SUD (if applicable): INicotine Replacement Therapy Buprenorphine Other:				
Assigned Staff to Coordinate with Plan (name and phone number):				
Staff Signature	Print Name ar	nd Title	Date	

*Providers may submit this information to Carelon by calling the provider line at 800-397-1630, faxing the form to (888) 876-5445, or emailing the form to NYCrisisResiNOA@carelon.com