



December 2023

CRISIS RESIDENCE ADMISSION NOTIFICATION FORM

Individual's Name:	Date of Birth:	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 Intensive Crisis Residence

Reason(s) for Admission

Mental Health Symptoms:	Co-occurring SUD:	Medical:
1.	<input type="checkbox"/> NO <input type="checkbox"/> YES (list): 1.	<input type="checkbox"/> NO <input type="checkbox"/> YES (list): 1.
2.	2.	2.
3.	3.	3.

Initial Service Plan

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): Nicotine Replacement Therapy Buprenorphine
 Other:

Assigned Staff to Coordinate with Plan (name and phone number):

Staff Signature	Print Name and Title	Date
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*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