



# CHILDREN’S CRISIS RESIDENCE ADMISSION NOTIFICATION FORM

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 #:

### Reasons 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):	_____	_____
	_____	_____
	_____	_____
	_____	_____

Medications (if applicable): \_\_\_\_\_

Consultations (if applicable): \_\_\_\_\_

Coordination of Care with other providers: \_\_\_\_\_

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
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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

W-9 Forms are required for Out-of-Network Providers. Failure to provide the required W-9 Form may result in claim denial. Please **fax** the required W-9 Form to Carelon Behavioral Health at **866-612-7795**.