



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