

RESIDENTIAL TREATMENT REPORT FORM

Children & Adolescents Not Admitted to Licensed Residential Treatment Facilities

Complete one form for each child for whom admission to a residential treatment facility was requested but not obtained **FOR 30 days**. DO NOT COMPLETE THIS FORM IF YOU OBTAINED ADMISSION IN LESS THAN 30 days. See "Instructions – Residential Treatment Report Form" for additional information.

I. General Information *Complete all parts of Section I.*

Date Request Initiated: ____/____/____

Agency Submitting Data:

CPMT Name: _____ FIPS Code: _____

CSB Name: _____ CSB Code: _____

Contact Person: Name: _____ Phone #: _____

FAX #: _____ Email Address: _____

Child Information: DOB: ____/____/____ Last 4 digits of child's SSN: _____ Gender: Male Female

II. Admission Information *Check all facilities licensed by DBHDS to which admission was requested but not obtained.**

- | | |
|---|--|
| <input type="checkbox"/> Childhelp USA | <input type="checkbox"/> Newport News Behavioral Health Ctr.-Project Valor |
| <input type="checkbox"/> Commonwealth Ctr. for Children & Adolescents | <input type="checkbox"/> Newport News Behavioral Health Ctr. |
| <input type="checkbox"/> Cumberland Hospital, LLC | <input type="checkbox"/> North Spring Behavioral Healthcare |
| <input type="checkbox"/> Grafton Integrated Health Network | <input type="checkbox"/> Pendleton Child Service Center |
| <input type="checkbox"/> Hallmark Youth Care-Richmond, Inc. | <input type="checkbox"/> Phoenix Houses-Vanguard |
| <input type="checkbox"/> Harbor Point Behavioral Health Ctr. | <input type="checkbox"/> Phoenix Houses-Girl's Recovery Lodge |
| <input type="checkbox"/> Hughes Center for Exceptional Children | <input type="checkbox"/> Poplar Springs Hospital |
| <input type="checkbox"/> Jackson Feild Homes-Marshall Cottage | <input type="checkbox"/> Riverside Behavioral Health Ctr. |
| <input type="checkbox"/> Jackson Feild Homes-First Step Cottage | <input type="checkbox"/> The James Barry Robinson Institute |
| <input type="checkbox"/> Jackson Feild Homes- Gwaltney Cottage | <input type="checkbox"/> United Methodist Family Services |
| <input type="checkbox"/> Jackson Feild Homes-Rodgers Cottage | <input type="checkbox"/> Other Acute Care Facility (Specify below.) |
| <input type="checkbox"/> Kempsville Center for Behavioral Health | |
| <input type="checkbox"/> Liberty Point Behavioral Health Care | |
| <input type="checkbox"/> MBHS of Kenbridge, LLC | |

*Note: List was last updated by DBHDS on 7/1/14.

III. Reason(s) Admission Was Not Obtained *Check all that apply.*

- No bed available for day(s) requested
 Bed available, but child not placed - Check AT LEAST ONE Child-Specific, Funding or Other Issue below.

Child-Specific Issues

- | | |
|--|---|
| <input type="checkbox"/> Age of child | <input type="checkbox"/> Physical limitations |
| <input type="checkbox"/> Gender of child | <input type="checkbox"/> Hearing impaired/deaf |
| <input type="checkbox"/> Aggressive/Violent/Unable to Control | <input type="checkbox"/> Vision impaired/blind |
| <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Child formerly treated in same facility and facility choosing not to approve subsequent admissions |
| <input type="checkbox"/> Sex offender/Sexually aggressive | <input type="checkbox"/> Facility not accepting child as voluntary admission |
| <input type="checkbox"/> Mental retardation or borderline intellectual functioning | <input type="checkbox"/> Type of service needed not available (Specify in Comments below.) |
| <input type="checkbox"/> Autism or other developmental disability | <input type="checkbox"/> Facility not accepting child as voluntary admission |
| <input type="checkbox"/> Learning disability | |

Funding Issues

- | | |
|--|---|
| <input type="checkbox"/> No source of payment for residential educational services | <input type="checkbox"/> Cost of services too high |
| <input type="checkbox"/> No guarantor for payment if Medicaid or appeal denied | <input type="checkbox"/> Child's insurance not accepted by facility |
| <input type="checkbox"/> No agreement reached regarding facility's minimum required length of stay | |

Other Issues *Write in any other issues that have not been listed.*

- Facility too far from child's home community
 Other: _____

IV. Comments

