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

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| --- |
|  **II. Admission Information *Check all facilities licensed by DBHDS to which admission was requested but not obtained.\**** |
|  [ ]  Centra Health, Inc. Bridges Treatment Center  [ ]  Childhelp USA  [ ]  Cumberland Hospital, LLC [ ]  Fairwinds [ ]  Grafton Integrated Health Network [ ]  Hallmark Youthcare - Richmond [ ]  Hallmark Youthcare TSAY - Richmond [ ]  Hughes Center for Exceptional Children [ ]  Harbor Point Behavioral Health Center [ ]  Jackson Feild Homes [ ]  Kempsville Center for Behavioral Health [ ]  Liberty Point Behavioral Healthcare [ ]  Newport News Behavioral Health Center [ ]  Newport News Behavioral Health Center Project Valor |  [ ]  North Spring Behavioral Healthcare [ ]  Poplar Springs Hospital [ ]  Riverside Behavioral Health Center  [ ]  Southstone Behavioral Healthcare Center [ ]  The James Barry Robinson Institute [ ]  Three Rivers Treatment Center [ ]  Timber Ridge School [ ]  United Methodist Family Services Leland House [ ]  United Methodist Family Services Richmond [ ]  Youth For Tomorrow  [ ]  Other Residential Care Facility **(Specify below.)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
|  **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**  |  |
|  [ ]  Age of child  | [ ]  Physical limitations  |
|  [ ]  Gender of child | [ ]  Hearing impaired/deaf |
|  [ ]  Aggressive/Violent/Unable to Control | [ ]  Vision impaired/blind |
|  [ ]  Fire-setting | [ ]  Substance abuse |
|  [ ]  Running away [ ]  Sex offender/Sexually aggressive [ ]  Mental retardation or borderline intellectual functioning | [ ]  Child formerly treated in same facility and facility choosing not to approve subsequent admissions[ ]  Facility not accepting child as voluntary admission |
|  [ ]  Autism or other developmental disability | [ ]  Type of service needed not available (Specify in **Comments** below.) |
|  [ ]  Learning disability | [ ]  Facility not accepting child as voluntary admission |
|  Funding Issues |  |
|  [ ]  No source of payment for residential educational services [ ]  Cost of services too high |
|  [ ]  No guarantor for payment if Medicaid or appeal denied [ ]  No agreement reached regarding facility’s minimum required length of stay  | [ ]  Child’s insurance not accepted by facility |

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

 [ ]  Facility too far from child’s home community

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV. Comments

**Send form to: Pam Fisher, DBHDS, via encrypted email to pamela.fisher@dbhds.virginia.gov**