|  |  |  |
| --- | --- | --- |
|  |  | 2000 Embarcadero Cove, Suite 400Oakland, Ca 94606 510-567-8100 / TTY 510-533-5018Karyn L. Tribble, PsyD, LCSW |

**Specialty Mental Health Services (SMHS) Residential Treatment**

**Service Authorization Request (SAR)**

|  |
| --- |
| **SMHS RESIDENTIAL TREATMENT TYPE** |
| [ ]  Adult Residential Treatment (ART) Choose an item  |
| [ ]  Crisis Residential Treatment (CRT) Choose an item  |
| **PROVIDER INFORMATION** |
| Referring Clinician Name: | Contact #: | Email:  | Fax: |
| **CLIENT INFORMATION** |
| Client Name: | DOB: | Age: |
| Client InSyst# (PSP): | Medi-Cal: [ ] Yes [ ] No | Alameda County Resident? [ ] Yes [ ] No |
| Private or Other Health Insurance: |
| **SERVICE AUTHORIZATION REQUEST** |
| [ ]  Initial | If Initial, include admission date here: Click or tap to enter a date. |
| [ ]  Continuation | If Continuation, include expiration date of current authorization here: Click or tap to enter a date. |
| [ ]  Break in Service | If Break in Service, provide dates here: From 6/24/2021 to 7/3/2021 |
| Additional Comments:  |

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Print Name Signature Date