Children's Placement Authorization for Alameda County BHCS

Client Information

Name:______________________________ DOB:______________________________

PSP#:______________________________ SSN:______________________________

Residential Care Level (if applicable); ☐RCL 12 ☐RCL 13/14 Admission Date: ____________________

Placed through: ☐ AB3632 ☐Other School Placements ☐ Social Services ☐Juvenile Probation ☐Project Destiny

Completed by:______________________ Date: __________FAX:__________________

Return to (if different from above) Contact Person:__________________ FAX:__________________

AB3632 Status: Yes ☐ IEP Date :__________ No ☐ Explain__________________ Short-Doyle ☐

Service:	Day Treatment:	Residential Treatment with Day Treatment
	Rehabilitative Full ☐	Rehabilitative Full ☐
	Rehabilitative Half ☐	Rehabilitative Half ☐
	Intensive Full ☐	Intensive Full ☐
	Intensive Half ☐	Intensive Half ☐
		5 days+ ☐

Initial Authorization

Yes ☐	Start Date:	End Date:		
		Intensive	90 days ☐	Date:
No ☐		Rehabilitative	180 days ☐	Date:

Signature:______________________________ Date: ____________
Chief of Children's Specialized Services or AB 3632 Coordinator (FAX 510 763-2647)
or
Signature:______________________________ Date: ____________
RCL 13/14 Coordinator (FAX 510 763-2647)
or
Signature:______________________________ Date: ____________
ECMH Coordinator (FAX 510 383-1760)
or
Signature:______________________________ Date: ____________
Chief of Outpatient Services (FAX 510 481-3770) or Chief of Guidance Clinic

Medi-Cal Status:	PST Review only
If Yes, Medi-Cal #:______________	☐ Medi-Cal current
If No, Check one:	☐ Medi-Cal lapsed (see comment section)
☐ Medi-Cal Application was made on: __________	☐ Pursue Healthy Families
☐ Not required to apply (see comment section)	Comments:______________________
☐ Facility will assist client with Medi-Cal Application	
☐ Other insurance (explain in comment section)	
Comments:______________________	PST Signature:__________ Date:______

CC: Program ☐ QA Office ☐ (QIC 22711) PST Office☐ (QIC 22706) chart ☐ (by fax)

Distributed by______________________ Date____________

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