NEW YORK STATE | Office of Mental Health

February 2025

CHILDREN'S CRISIS RESIDENCE ADMISSION NOTIFICATION FORM[1]

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 #:

Reason(s) 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):		

[1] Medicaid Managed Care Plans (MMCP) are not required to use/accept this form, and may develop their own. Please check with an individual's MMCP about their admissions notification process. For more information, refer to the *Crisis Residence Benefit and Billing Guidance*. The guidance is posted here: https://omh.ny.gov/omhweb/bho/crisis-intervention.html.

Medications (if applicable):

Consultations (if applicable):

Coordination of Care with other providers (including BH provider contact information):

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