



Guardian Request for Behavioral Health Inpatient Facility (Child and Adolescent Only)

Form 3.14.8

Request Information

I, _____, am requesting consideration of a Behavioral Health Inpatient Facility for (name of child/adolescent) _____, date of birth (___ / ___ / ___), who is under my guardianship.

I understand that if the above named person is admitted into a Behavioral Health Inpatient Facility, there will be increased involvement of the Child and Family Team in treatment and discharge planning throughout the residential stay.

Signature of Guardian

Date

Recommendations

Recommendations for treatment by Behavioral Health Medical Practitioner:

Behavioral Health Medical Practitioner (please print)

Signature

Date

This form must be completed prior to request for pre-service authorization, and faxed to the Care Manager at time of request.

Please complete and fax to 1-866-568-6747