

YOUTH LIPOS PRIVATE BED/PHP FUNDING – ADMISSION FORM

***LIPOS is funding of last resort. Admission Form does not guarantee payment; hospitals MUST provide insurance verification to CSB discharge planner before Discharge Form is completed. LIPOS will not be paid until all Extension and Discharge Forms are received.**

Today's Date: _____

EHR #: _____

Client Information

First Name: _____ MI _____ Last _____ Race: _____

Primary Language _____

Client Admission Status: Voluntary Petition dismissed, signed in voluntarily Involuntary CMA

Reason for no insurance:

Not eligible Not signed up Benefits pending No MH benefits in plan Other (describe below)

Check one: Level I (Acute stabilization that will likely remit in 3-10 days)

Level II (Intensive needs that will likely require 10+ days of inpatient care; consider CCCA)

Admission Information

LIPOS Start Date: _____

Admitting Hospital: Dominion Poplar Springs Snowden North Spring Other: _____ OR

PHP: Dominion North Spring

Hospital/PHP Staff contact: _____

Payment Authorized for _____ days.

CSB Information

CSB facilitating Admission:

Alexandria Arlington Fairfax Loudoun Prince William

CSB Staff Facilitating Admission: _____

CSB Facilitating Discharge Planning *if different from above*:

Alexandria Arlington Fairfax Loudoun Prince William

*If CSB facilitating Discharge Planning is different from CSB facilitating Admission, please contact ES at the home CSB to alert them.

Person Contacted: _____

CSB Staff Facilitating Discharge Planning: _____