

The Division of Behavioral Health (DBH)  
Residential Behavioral Rehabilitation Services (RBRS) - Residential Care for Children & Youth (RCCY)

**Referral for Non-Custody Admission**

This form is to be used when a child is not in the custody of the Department of Health and Social Services, and the use of a RBRS/RCCY bed is being requested. It documents the placement of a child who is in his/her parent's or other guardian's custody and may be eligible for RBRS or RCCY payment for services. Fax completed form to 465-2135.

***This form must be attached to the Monthly Attendance RCCY Report.***

Child's Name: _____	Child's Date of Birth: _____	Child's Medicaid #: _____
Date of Request: _____		
Referred to agency by whom? _____		
Placement Requested by: <input type="checkbox"/> Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Treatment Facility <input type="checkbox"/> Other _____		
Facility in which child will be placed: _____		
Facility contact name: _____ Phone # _____		
Level: <input type="checkbox"/> II – Emergency Assessment & Stabilization Center <input type="checkbox"/> III – Residential Treatment <input type="checkbox"/> IV – Residential Diagnostic Treatment		
Reason for placement at this level of care: _____		
Discharge plan: <input type="checkbox"/> Home <input type="checkbox"/> Foster care <input type="checkbox"/> Higher Level of RCCY <input type="checkbox"/> Other/Describe _____ Anticipated Date of Discharge: _____		

_____ Printed Name of Parent/Guardian	_____ Printed Name of Agency
_____ Parent/Guardian Signature & Date	_____ Agency Signature & Date

<b>DBH USE ONLY</b>	Received By: _____	Date: _____
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