



California Access to Recovery Effort

Revised 3/2010

ADOLESCENT RESIDENTIAL TREATMENT SERVICES REQUEST FOR CONTINUING SERVICES

Instructions: This form must be completed and faxed to the CARE Call Center by the residential treatment provider to request continuing residential treatment. To avoid a lapse in services, the request must be submitted 3-5 days prior to the voucher expiration date.

Section 1: Provider and Client Information

Provider ID:	Contact Name and Phone Number	Client ID
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Section 2: Continued Service Criteria (select all that apply):

- The persistence of withdrawal symptoms require continued medical monitoring on a 24-hour basis.
- A biomedical problem or condition continues to present a health risk and is being actively treated.
- The client continues to display significant depression, with thoughts of self-harm, but is making progress in achieving treatment outcomes.
- The client exhibits intensification of symptoms that would jeopardize his/her ability to respond to treatment at a less intensive level of care.
- Problem aspects of the client's living environment persist and the client has not yet demonstrated the skills necessary to cope with them.
- Client's condition has not improved sufficiently to be transferred to a less intensive level of care.

Section 3: Authorized Signature

Physician's Signature:

Date:

Fax to: The CARE Call Center
Fax: 916-679-4600
Phone: 1-866-350-8773

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