



**Department of Public Health
Transitions Division**

Community Placement - Transitions
887 Potrero Ave
San Francisco, CA 94110
(628) 206-4405 Questions
(628) 206-4902 FAX
*For Medical Only Referrals: (415) 206-5279 FAX

Behavioral Health Access Center (BHAC)
1380 Howard St. 1st Fl Ste., 100
San Francisco, CA 94103
(415) 503-4730 – Main Number
(415) 255-3629 BHAC FAX

Placement Authorization Request Form

Client Name (AKA if known) _____ SSN _____ DOB _____ BIS Number (if available) _____

Client's current locations _____ Provider RU# (if known) _____

Is Client a SF resident? Yes No Where was client last 30 days? _____

Entitlements: Medi-Cal Medicare SSI Other Income Source: _____

Conservator Status: T-Con Permanent LPS Probate Conservator Name: _____

Client can effectively manage ADLs without restrictions Yes No If incontinent, can client effectively manage self-care? Yes No

SPR CLIENT: Yes No Pending PLEASE NOTE, IF SPR CLIENT, APPROVAL IS REQUIRED

SPR Clinician _____ Telephone # _____

HAS ICM: Yes No Pending ICM Clinician _____ Telephone # _____

Level of Care Requested: _____ DSM V Diagnosis Code(s) _____

Clinical Indications for Level of Care Request _____

Recommended Treatment Goals _____

Submitted By: _____ Date: _____

Telephone #: _____ Fax #: _____

PLACEMENT RECOMMEDATIONS **PLACEMENT AUTHORIZED** Med Supported Detox
 AOD DDx Res MH DDx Res Transitional Res LSAT Clay/Loso AOD Satellite RCF/E
 AOD Social Model Detox AOD Social Model Res Co-Op Support Service Hotel Hotel DAH

SPECIFY _____

NOT AUTHORIZED REASON: _____

Authorizing Clinician _____ Date _____