

# Notification of Admission, Transfer, and Discharge from Behavioral Health Residential Facilities, Chemical Dependency Residential and HCTC Providers

Instructions: Complete this form for all members admitted, transferred to another facility (same level of care), or discharged. Submit completed reports to [HCH.HCICMMReporting@steward.org](mailto:HCH.HCICMMReporting@steward.org)

Member Name	Last:		First:	
DOB:	<input type="text"/>	CIS ID:		AHCCCS ID:
Facility Name:			Facility AHCCCS ID:	
Service Provided		BHRF	HCTC	CDR
Admission Date	<input type="text"/>			

***Complete the next section for Transfers and Discharges only.***

**Transfers** (must include transfer note with this form)

A transfer is any placement at a new facility, within the same level of care. Example: HCTC to HCTC.

New Placement:	<input type="text"/>	New Facility ID:	
Transfer Date			

**Discharges** (Must include discharge summary with this form)

Discharged To:

Discharge Date:	<input type="text"/>
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Notes/  
Comments

Completed By		Date	<input type="text"/>
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Contact #