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**Eliada Homes Inc.**

**Day Treatment (DayTx)**

**Referral Checklist**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Re:** DayTx-Referral

Thank you for referring your client to our DayTx program. We will staff your referral with our multidisciplinary team within 3-5 business days. The following documents are required to evaluate the referral for clinical appropriateness:

\_\_\_\_\_ **An Evaluation, current within 6 months *with the recommendation for Day Treatment Services*. That could include any of the following: (CCA, Psychological Assessment, or Hospital Psychiatric Assessment/Evaluation)**

\_\_\_\_\_ Completed Eliada Homes, Inc. Application *(please note “n/a” or “none” for categories that do not apply)*

\_\_\_\_\_ Documentation from previous school indicating evidence that less restrictive services in the educational setting have been unsuccessful. **Required by eligibility criteria in Day Treatment service definition**:

Examples:

* Functional Behavioral Assessment
* Functional Behavioral Plan
* Current Individual Education Plan (IEP)
* Current 504 Plan
* Behavior Plans
* Discipline Records
* Documentation of Previous Interventions

\_\_\_\_\_ Copy of Medicaid/ Health Choice Card (If child is covered by any private insurance, provide a legible copy of the front and back of the insurance card)

**\*\**PLEASE NOTE*: Transportation to Day Treatment is not provided by Eliada\*\***

We look forward to hearing from you and thanks again for referring your child to Eliada.

Emily Luken Terryn Williams

PRTF Intake Coordinator Intake Liaison

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**Helping Children Succeed**

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