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**Eliada Homes Inc.**

**Psychiatric Residential Treatment Facility (PRTF)**

**Referral Checklist**

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

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

**Re:** PRTF-Referral

Thank you for referring your client to our PRTF 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. That could include any of the following: (CCA, Psychological Assessment, or Hospital Psychiatric Assessment/Evaluation)**

***\*MCOs require an addendum/update within 30 days stating medical necessity for PRTF services.***

\_\_\_\_\_ Completed Eliada Homes, Inc. Application *(please note “n/a” or “none” for categories that do not apply or that are covered in the recent evaluations – you do not need to repeat information already in the Evaluation.)*

\_\_\_\_\_ Eliada Homes Inc. Funding Disclosure Form

\_\_\_\_\_ 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: Intake Fax Number is (828)-253-2461\*\***

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

Whitney Givens Sara Kennerly

 PRTF Intake Coordinator Foster Care Intake Coordinator

828-254-5356 x307 828-254-5356 x322

 wgivens@eliada.org skennerly@eliada.org

**Helping Children Succeed**

**referral@eliada.org**

**828-254-5356 x332**

[**www.eliada.org**](http://www.eliada.org)