

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.*)

_____ 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)-254-3675****

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

Whitney Givens
PRTF Intake Coordinator
828-254-5356 x307
wgivens@eliada.org

Nikki Garnett
Day Tx/Foster Care Intake Coordinator
828-254-5356 x332
ngarnett@eliada.org

Helping Children Succeed

referral@eliada.org
828-254-5356 x322
www.eliada.org