****

**Eliada Homes Inc.**

**Day Treatment (DayTx) and Level III**

**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. 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 or that are covered in the recent evaluations – you do not need to repeat information already in the Evaluation.)*

\_\_\_\_\_ 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: Intake Fax Number is (828)-253-4355\*\***

 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

828-254-5356 x322 828-254-5356 x332

 eluken@eliada.org tewilliams@eliada.org

**Helping Children Succeed**

**referral@eliada.org**

**828-254-5356 x332**

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