**Crisis Residential Program**

REFERRAL CHECKLIST

Admission Criteria

**Sacramento County Resident  Target Pop. Diagnosis**

**Ages 18-29  Medi-Cal/Medi-Cal eligible/uninsured**

**Ambulatory  Willingness to participate**

**Referral must be voluntary**

Exclusionary Criteria

**Registered Sex Offender  Incontinence**

**Conviction of Arson  Private Insurance**

**Conviction for Drug Trafficking  Out of County Medi-Cal (some exceptions)**

**Unable to Ambulate Independently  Unable to Self-Manage Medical Condition**

**Has active Tuberculosis (TB)**

Documents Needed for Referral

**CRP Referral Form  LIC 602**

**TB results OR proof of placement**

**Tentative Discharge Date (Inpatient) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CRP Referral Checklist**

**\*FAX DOCUMENTS NEEDED FOR REFERRAL TO (916) 244-2751**