**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**