

Crisis Residential Program

REFERRAL CHECKLIST

Admission Criteria

□ Sacramento County Resident	🗆 Target Pop. Diagnosis
□ Ages 18-29	□Sac. County Medi-Cal/Medi-Cal eligible
Ambulatory	Willingness to participate

□ Referral must be voluntary

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Registered Sex Offender	Incontinence	
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- Conviction of Arson

 Private Insurance
- □ Conviction for Drug Trafficking □ Out of County Medi-Cal (some exceptions)
- \Box Unable to Ambulate Independently $\ \Box$ 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)

Potential Referral's Ph# (outpatient/self-referral) ______

CRP Referral Checklist

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