

**Recovery House**  
**RESIDENTIAL SERVICE AUTHORIZATION (RH-RSA)**  
1/15/15

**Instructions:**

- AoD Therapist/Supervisor: fill out RH-RSA (below)
- Fax RSA to MHRB Confidential Fax: 513-695-1776 Attn: Jeff Rhein at least 24 hours prior to admission
- MHRB will fax Request Status to originating fax within 48 hours or next business morning by Noon if weekend/holiday request.

Client Name:	DOB:	Client UCI:
Form Completed by: (Therapist Name)	Therapist Contact Phone Number:	Therapist Fax Number:
Resident's County of eligibility:	Date Faxed:	Client Primary Diagnosis

**CURRENT ADDRESS:** \_\_\_\_\_

**VERIFICATION REQUESTED BED IS AVAILABLE**  Yes  No

**LENGTH OF STAY PROJECTED OR REQUESTED**  3-6 MONTHS  >6 MONTHS

**Legal Charges** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

**TOTAL MONTHLY INCOME:**

**REASONS FOR TRANSFER/PLACEMENT:** (brief narrative requested) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AoD Therapist Signature** \_\_\_\_\_ **Supervisor Signature** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR MHRB USE ONLY**

<input type="checkbox"/> MHRB authorizes Residential Services effective from: _____ to: _____ <input type="checkbox"/> Client added to Residential Services waiting only at this time. Update required by: _____ or will be removed from list. <input type="checkbox"/> MHRB does not authorize Residential Services Reason:  Jeff Rhein _____ Date Director of Alcohol & Drug Addiction Services
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Complete RH- RSA and fax to NHO at 513-554-0514 and also to Jeff Rhein at MHRB at 513-695-1776

Client will be responsible for working with the NHO staff on payment of required fees and actually moving into the facility, once there the client can still receive the necessary outpatient AoD treatment services at the nearest location so work on transfer if not already completed. Even if client has own transportation and feels that it makes sense to live in CC and get services at WC, transfer really should be discussed with client and supervisor.