

## 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:	1	
VERIFICATION REQUESTED BE	CD IS AVAILABLE Yes	No
LENGTH OF STAY PROJECTED	OR REQUESTED 3-6 MON	THS >6 MONTHS
Legal Charges		_
Degar Charges		
Current Medications		
TOTAL MONTHLY INCOME:		
REASONS FOR TRANSFER/PLA	ACEMENT: (brief narrative req	uested)
AoD Therapist Signature	Supervisor Signature _	
DO NOT	WRITE BELOW THIS LINE – FOR ME	IRB USE ONLY
MHRB authorizes Residential Services	s effective from: to:	
Client added to Residential Services was removed from list.	aiting only at this time. Update required	by: or will be
MHRB does not authorize Residential	Services	
Reason:		
Jeff Rhein Director of Alcohol & Drug Addiction Servio	Date	



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.