



**Thank you for expressing interest in PRC Baker Places's Residential Treatment programs!** For us to schedule an intake, we need the following information faxed to us at 415-864-2086 or secure email to [intake@prcsf.org](mailto:intake@prcsf.org).

- TB Test:** All clients entering treatment must provide documented evidence that they are free of tuberculosis. The following test reports will be accepted: PPD (skin test) within the last 6 months, CXR (chest x-ray) within 12 months, QFT (Quantiferon gold tube) within 12 must reflect a signature from a person licensed to read TB results. The San Francisco Department of Public Health TB Clearance Card is acceptable and does not require the signature.

- Physician's Report:** Please note that the physician's report must be completed within 30 days before or 30 days after the client's admission into residential treatment. If completing the Physician's Report, the Physician's Report for Community Care Facilities (LC 602 7/11) **must** be used. Client's **Ambulatory Status** must be included on page 2 of the report. If your client uses a wheelchair, walker, or cane, this must also be specified. Must be completed and signed with credentials by a **Medical Doctor (MD), Nurse Practitioner (NP), or Physician's Assistant (PA)**. A blank copy of a Physician's Report (LC 602) is included in this packet and can be found at <https://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC602.PDF> if needed.

- Medication Orders:** Please ensure that the Medication Order includes the name of the Client, name of the Medication, Dosage of the medication, and instructions on how each medication is to be taken (Daily, Nightly, PRN, etc). Clients are only able to take medications that are on their medication order, so please include **all** medications the client is currently prescribed, *including over-the-counter medications*. Must be **completed and signed with credentials by a Medical Doctor (MD), Nurse Practitioner (NP), or Physician's Assistant (PA)**. A blank copy of an Admission Orders document is included in this packet if needed.

- An Adult/Older Adult Assessment (MRD89) or Adult/Older Adult Assessment Long Form (MRD90):** This assessment must be completed within 3 months of submitting the referral. To submit an assessment that is over 3 months, but less than a year old, you must attach a short addendum. The assessment and/or addendum must include the client's current mental health/substance use disorder care needs, living situation, risk factors, and medical necessity for the client to access treatment. The assessment and/or addendum must be **completed and signed, or co-signed, by a licensed practitioner (LPHA)**. A blank copy of an MRD89 is included in this packet if needed.

- A DSM V diagnosis by an LPHA is required.**

- Pre-Transfer Screening and Treatment of Lice, Scabies, Bedbugs or Other Infestations** completed on attached form.

- Placement Authorization Request Form:** A PARF **must** be submitted to the BHS Utilization Management Team via fax at 628-206-4902 or secured email to [BHSCentralUM@sfdph.org](mailto:BHSCentralUM@sfdph.org) for referrals to mental health programs (Ferguson does not need a PARF). The Intake Department must receive a copy of an **approved** authorization before the client is eligible for an interview.

Feel free to call the Intake Department at 415-864-1515, if you have any questions.

Sincerely,

Gabe Kenney & Shelley Mays

Director of Intake & Intake Manager