



Request for Interstate Transfer

Name: Last, First, MI				Referral Type <input type="checkbox"/> MH <input type="checkbox"/> MR/DD <input type="checkbox"/> Community Based																		
Date of Birth:	Gender	Race	Social Security Number	Place of Birth	Primary Language	Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No																
Current Location (Name of Facility, address, phone number):																						
Is this person legally competent? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a legal guardian, conservator or other legal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the name, address and phone number of guardian and attach documentation.)																						
Are advance directives in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Citizenship status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Other: _____																						
Legal Status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Civil Involuntary (Expiration Date: _____) <input type="checkbox"/> Authorized by Guardian <input type="checkbox"/> Criminal Court Order <input type="checkbox"/> Other				Diagnoses: Axis 1: _____ Axis 2: _____ Axis 3: _____ Axis 4: _____ Axis 5: _____																		
Previous Inpatient/Community Based Care: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 40%;">Facility</th> <th style="width: 20%;">City</th> <th style="width: 20%;">State</th> <th style="width: 20%;">Dates</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Facility	City	State	Dates	1.				2.				3.			
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1.																						
2.																						
3.																						
Names, addresses, phone numbers and relationship of all involved relatives/friends/significant others: <ol style="list-style-type: none"> 1. 2. 3. 																						
Is anyone opposed to the transfer, including individual? If yes, who and why?																						
Are criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the charge and is there a court hold?																						
Who requested the transfer?																						
This application and attached documentation has been authorized by:																						
Name:			Title:																			
Date:																						

Use additional paper if needed. Type or print clearly.