



DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
CHILDREN'S LONG-TERM INPATIENT PROGRAM (CLIP)
COMMUNITY SERVICES OFFICE (CSO)

DATE: _____

CLIP/CSO Communication

Foster Care Team _____	Seattle _____	Pierce _____	Spokane _____
Fax number 866-720-2892	Fax number 888-317-0501	Fax number 253-593-2334	Fax number 509-227-2565

SECTION A. CLIENT INFORMATION

Child is a DSHS applicant:

CLIENT (CHILD) NAME	CLIENT (CHILD) ID (ACES)	CHILD'S SSN	CHILD'S DATE OF BIRTH
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN'S ADDRESS		PHONE NUMBER
DCFS CASE MANAGER			CONTACT NUMBER

SECTION B. FACILITY INFORMATION

ADMIT INFORMATION

ADMIT DATE TO CLIP FACILITY	FACILITY NAME	FACILITY ADDRESS	
FACILITY PHONE NUMBER	CONTACT PERSON		STATE CONTRACTED DAILY RATE
Set up facility as authorized rep for client: <input type="checkbox"/> Yes <input type="checkbox"/> No		Release attached: _____	
Retro Medical Request: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does child have unpaid medical bills incurred within the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expense type: _____			
PRIOR HOSPITALIZATION <input type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL NAME	ADMIT DATE	DISCHARGE DATE

DISCHARGE INFORMATION

DISCHARGE DATE	Discharge from CLIP to: <input type="checkbox"/> Parents/Guardian <input type="checkbox"/> Relative <input type="checkbox"/> Foster Care		
ADDRESS WHERE THE CHILD WILL BE DISCHARGED			CONTACT PHONE NUMBER
OTHER: (PROVIDE A BRIEF EXPLANATION)			

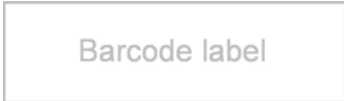
TRANSFER INFORMATION

TRANSFER DATE	Transferred from: _____ to: _____	
OTHER: (PROVIDE A BRIEF EXPLANATION)		

SECTION C. DSHS FINANCIAL USE ONLY

Is the client Medicaid eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Eligibility Begins:	Date Eligibility Ends:
Medical Program: K01	D01/D02	L01	F01/F06 Non Citizen Medical
CHILD'S INCOME \$	SOURCE	PARTICIPATION <input type="checkbox"/> Yes <input type="checkbox"/> No	PARTICIPATION AMOUNT \$
CSO MAINTAINING CASE	CONTACT PERSON		CONTACT NUMBER
NOTES (COMMENTS)			

DSHS 02-587 (05/2009)



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