

# Single Bed Certification Form - WAC 388-865-0526

Fax requests to:

Eastern State Hospital FAX# 509-565-4616

To speak with the nurse processing the SBCs, please call 509-565-4644

County:	<input type="checkbox"/> Initial Request <input type="checkbox"/> Extension Request
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Name and title of Requester DCR/Facility: (Facility name in case of a consumer under 18 years of age):

Requester Fax #:	Requester Phone #:
Date Requested:	Time Requested:

The facility that is the site of the proposed single bed certification confirms that it is willing and able to provide directly, or by direct arrangement with other public or private agencies, timely and appropriate mental health treatment to the consumer for whom the single bed certification is sought. The single bed certification will apply only to that facility.

Facility:	City:
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Name & Title of Acceptor:	Acceptor's Phone #:
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Patient Name:	First	Last	MI	DOB:
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Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Legal Status at time of request: <input type="checkbox"/> 72 Hour Detention <input type="checkbox"/> LRA Revocation Detention <input type="checkbox"/> 14 Day Commitment <input type="checkbox"/> 90 Day Commitment <input type="checkbox"/> 180 Day Commitment <input type="checkbox"/> 90 Day LRA Revocation Order <input type="checkbox"/> 180 Day LRA Revocation Order <input type="checkbox"/> 365 Day LRA Revocation Order
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Criteria for Request - check appropriate box:

- The consumer is expected to be ready for discharge from inpatient services within the next thirty days and being at a community facility would facilitate continuity of care, consistent with the consumer's individual treatment needs.
- The consumer can receive appropriate mental health treatment in a residential treatment facility, as defined in WAC 246-337-005.

The RTF is a certified E&T  Y  N (If RTF is not an E&T the SBC will need an attachment documenting how the RTF will meet the person's evaluation and treatment needs per WAC & RCW.)

- The consumer can receive appropriate mental health treatment at a:
  - Hospital with a psychiatric unit
  - Hospital that can provide timely and appropriate mental health treatment
  - Psychiatric hospital
- The consumer requires MEDICAL services that are not generally available at a facility certified under WAC 388-865-0526.
- The consumer is awaiting transportation to an identified bed at a certified E&T and the Emergency Room is willing and able to provide mental health treatment in the interim.

Describe why consumer meets criteria for request. (Include medical services needed.)
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If consumer is under 18 years of age, is this request for certification on an adult unit?  Y  N

***(This portion of form to be completed by state hospital staff.)***

Certification approved by:	Title:
Date approved:	Time approved:

**THIS CERTIFICATION EXPIRES 30 DAYS FROM DATE OF APPROVAL** BHA form issued: 3/29/2018