Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

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

CLIP/CSO Communication

DATE:

State Wide Fax Number: 1-888-388-7410

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: ☐ Yes ☐ No Release attached: _____

Retro Medical Request: ☐ Yes ☐ No

Does child have unpaid medical bills incurred within the last 3 months? ☐ Yes ☐ No If yes, expense type: ____

PRIOR HOSPITALIZATION ☐ Yes ☐ No	HOSPITAL NAME	ADMIT DATE	DISCHARGE DATE

DISCHARGE INFORMATION

DISCHARGE DATE	Discharge from CLIP to: ☐ Parents/Guardian ☐ Relative ☐ 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? ☐ Yes ☐ No Date Eligibility Begins: Date Eligibility Ends:

Medical Program: K01 D01/D02 L01 F01/F06 Non Citizen Medical

CHILD'S INCOME $	SOURCE	PARTICIPATION ☐ Yes ☐ No	PARTICIPATION AMOUNT $

CSO MAINTAINING CASE	CONTACT PERSON	CONTACT NUMBER

NOTES (COMMENTS)

DSHS 02-587 (REV. 04/2012)

Barcode label

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