

Ohio Behavioral Health Type 1 Residential Treatment Facility Transfer Form

Unique Provider Number:	Provider Episode Number:
Name (first/last):	Paying Board:
Unique Client Id:	Date of Birth (mm/dd/yyyy):
Admission Date:	Transfer Date:

Living Arrangement
<input type="checkbox"/> Independent living (own home)
<input type="checkbox"/> Homeless
<input type="checkbox"/> Others' Home
<input type="checkbox"/> Residential Care / Group Home / ACF
<input type="checkbox"/> Type 1 Residential Treatment
<input type="checkbox"/> Respite Care
<input type="checkbox"/> Foster Care
<input type="checkbox"/> Crisis Care
<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Community Residence
<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Licensed MR Facility
<input type="checkbox"/> State MH/MR Institution
<input type="checkbox"/> Hospital
<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown

The purpose of the Transfer Record is to keep track of a client's length of stay in Type 1 Residential Treatment. Transfer records are used ONLY for tracking movement of consumers into and out of Type 1 Residential settings.