

Department of Mental Health

Voluntary Reporting Form

The Department of Mental Health maintains data regarding all individuals waiting for voluntary inpatient psychiatric placement who have Medicaid (adults and youth) or who are CRT clients (adults). Please complete this form and send to VPCH via fax (**802-828-2749**) or secure email: **AHS.DMHVPCHAdmissionsStaff@vermont.gov**

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| **Last Name:** Click or tap here to enter text. | **First Name:** Click or tap here to enter text. |
| **Date of birth (MM-DD-YYYY):** Click or tap here to enter text. | **Minor:** [ ]  Yes  |
| **Gender:** Choose an item.  | **Race:** Choose an item. |
| **Town, State:** Click or tap here to enter text. | **Screener’s Agency:** Choose an item. |
| **CRT:** [ ]  Yes [ ]  No **Medicaid:** [ ]  Yes (**Medicaid #** Click or tap here to enter text.) [ ]  No  |

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| **Date Arrived:** Click or tap here to enter text. | **Time Arrived:** Click or tap here to enter text. |
| **Location Waiting:** Choose an item. | **Crisis Screener:** Click or tap here to enter text.**Contact:** Click or tap here to enter text. |

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| **Departure Time:** Click or tap here to enter text. | **Date:** Click or tap here to enter text. |
| **Disposition:** Choose an item. |