



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

Last Name:	First Name:
Date of birth (MM-DD-YYYY):	Minor: Yes
Gender:	Race:
Town, State:	Agency:
CRT: Yes No Medicaid: Yes (Medicaid #) No	

Date Arrived:	Time Arrived:
Location Waiting:	Crisis Screener: Contact:

Departure Time:	Date:
Disposition:	