

# **Reauthorization Adult Residential Progress Summary**

## \*\*\* Submitted with Adult Residential Authorization Form for reauthorization

Client Name	DOB	MH#

## Service Type/Program

Residential Program	Crisis Residential
CAMINAR EUCALYPTUS HOUSE 412900	SERENITY HOUSE CRISIS RES 41E400
CAMINAR HAWTHORNE HOUSE 415600	CRESTWOOD PONDEROSA HOUSE MHRC 414201
MATEO LODGE WALLY'S 419900	CAMINAR WILLOW HOUSE MHRC 414301
STARS ACACIA HOUSE MHRC 414500	TELECARE SAGE HOUSE MHRC 414801

## **Client Treatment Progress**

## **Rationale for Extension**

## **Transition Plan**

Adult Residential Staff

Adult Residential Supervisor

Date

Date

Policy 20-02 Attach C: Adult Residential Behavioral Services Utilization Request Form Last Revision 1-28-25