COLORADO
Behavioral Health Administration

INVOLUNTARY COMMITMENT TRANSITION PLANNING REQUEST

**This form should be completed with the provider and client, typed, and submitted to BHA for approval one week prior to the anticipated transition date. BHA will review, and if approved, sign the request and return it to the provider. Clients should not be discharged without BHA approval. If the plan is not approved, BHA will communicate concerns with the provider.*

DATE OF ANTICIPATED DISCHARGE FROM CURRENT RESIDENTIAL TREATMENT PROGRAM: _____

NAME OF TREATMENT PROGRAM AND THERAPIST: _____

CLIENT NAME: _____

CLIENT PHONE NUMBER: _____

CLIENT PERMANENT ADDRESS: _____

CLIENT EMAIL: _____
IF CLIENT DOES NOT HAVE AN EMAIL ADDRESS, PLEASE HELP THEM SET ONE UP.

CLIENT TRANSITION ADDRESS: _____

WHO WILL YOU BE LIVING WITH: _____

IF SOBER LIVING PROVIDE THE HOUSE NAME AND NUMBER OF HOUSE MANAGER:
Sign a release of information for Signal or Diversus Health and BHA IC Program for sober living facility, if applicable.

ARE YOU EMPLOYED? IF YES, PROVIDE NAME OF EMPLOYER: _____

IS CLIENT ON A MEDICATION ASSISTED THERAPY? _____
IF YES, WHAT MEDICATION: _____
IF YES, WHERE IS CLIENT RECEIVING THEIR MEDICATION ASSISTED THERAPY: _____

DOES CLIENT HAVE A PEER/RECOVERY COACH? _____
IF YES, NAME OF PEER/RECOVERY COACH AND THE PEER ORGANIZATION, CONTACT NUMBER AND EMAIL:
_____

IOP PROGRAM AND THERAPIST NAME: _____

PAYOR SOURCE FOR IOP PROGRAM: _____

INTAKE DATE (Intake must be completed prior to discharge): _____

DATE OF INITIAL SESSION (An initial session should be completed prior to discharge): _____

IOP SCHEDULE: _____

WHERE IS CLIENT COMPLETING MONITORED SOBRIETY TESTING? _____

COLORADO
Behavioral Health Administration

CLIENT RESPONSIBILITY: _____

If any of your contact information changes, please update your treatment provider and email BHA at CDHS_BHA_IC@state.co.us and provide new contact information immediately. Good luck in your next phase of treatment!

_____ _____
Client signature Date

_____ _____
BHA Signature for approval Date