

STATE OF ALASKA

Department of Health

DIVISION OF BEHAVIORAL HEALTH
CENTRAL OFFICE

MIKE DUNLEAVY, GOVERNOR

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REQUEST FOR DIVISION OF BEHAVIORAL HEALTH SUPPORTED FAMILY TRAVEL ASSISTANCE

1. REFERRAL AGENCY

The Referring Agency is the agency that has the first contact with the client and who determines that the client requires a higher level of care than available locally. The Referral Agency must submit to the Receiving Agency a copy of a Release of Information for both communication with the Receiving Agency and for the Travel Request.

Name/Title _____

Agency _____

Address _____

Telephone _____ Fax _____

2. RECEIVING AGENCY

The Receiving Agency concurs that the client is in need of a higher level of care and agrees to admit the client. The travel request form and Release must be submitted to DBH by the Receiving Agency.

Name/Title _____

Agency _____

Address _____

Telephone _____ Fax _____

3. Client's (Parent) Name _____ 4. Admission Date _____

5. Discharge Date: _____ 6. City/Village _____

Did the client use Medicaid funds to travel to treatment? Yes No

7. Spouse _____ Cost of One-Way Fare _____

8. Child #1 _____ DOB _____ Cost of One-Way Fare _____

Child #2 _____ DOB _____ Cost of One-Way Fare _____

Child #3 _____ DOB _____ Cost of One-Way Fare _____

Child #4 _____ DOB _____ Cost of One-Way Fare _____

Child #5 _____ DOB _____ Cost of One-Way Fare _____

9. To what extent have other methods of payment been explored? Medicaid _____

Family Insurance _____ Other (village, tribal council, Native Corps) _____

10. If escort is needed please state reason: _____

Name/Title of Escort _____ Cost of Roundtrip Ticket _____

Authorized by DBH Behavioral Health Specialist

Date