

# Region 4: Out-of-Placement Reporting Form



Use this form when a client is:

1. Re-hospitalized
2. Incarcerated
3. Missing

Fill out the form in its entirety and send it via encrypted e-mail to the Regional Office:  
Amanda.Davis@rbha.org and  
Grace.ThomasWhite@rbha.org

Once it has been accepted, you will receive the form back via e-mail with a signature.

**The form must be submitted within 24-hours of being notified of the event.**

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**Client Name:**

**CSB/BHA:**

**Case Manager  
or Hospital  
Liaison Name:**

**Client is:**                      Re-hospitalized  
  Incarcerated  
  Missing

**Date of Event:**

**Date of Report:**

**Facility where  
the client  
resided prior to  
the event:**

**If client is re-  
hospitalized, at  
what facility?:**

**If client is  
incarcerated, at  
which facility  
and for what  
charges?:**



**Regional Office  
Approval:**

**Regional Office  
Approval Date:**

**Plan Re-  
Initialization  
Date:**

**Deadline for 90-  
Day Hold  
Request:**

**Plan  
Termination  
Date:**

**Approved  
Amount to be  
Paid During  
Hold:**