

Client Name Change (Client's name must match MEDS) *

SS#:

New name (Last and First):

New Personal Service Coordinator *

Transfer from (name):	<input type="text"/>	Transfer to (name):	<input type="text"/>
Program Name:	<input type="text"/>	Program Name:	<input type="text"/>

Authorized Bed Hold

Facility Name:	<input type="text"/>	Date Left Facility:	<input type="text"/>	Date Returned to Facility:	<input type="text"/>
Facility RU:	<input type="text"/>	From		Through	

Facility Discharge/Admit

Discharged Date:	<input type="text"/>	Admission Date:	<input type="text"/>
Discharged from (Facility Name/RU):	<input type="text"/>	Admission to (Facility Name/RU):	<input type="text"/>
Discharge Facility Address:	<input type="text"/>	Admission Facility Address:	<input type="text"/>
Discharge Facility Phone Number:	<input type="text"/>	Admission Facility Phone Number:	<input type="text"/>

New Home Address and/or phone number *

New monthly rent amount: \$ <input type="text"/>		Phone Number:	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
New Address:	<input type="text"/>			

New Living Arrangements (check all that apply and add name if applicable)

<input type="checkbox"/> Psychiatric Hospital:	<input type="text"/>	<input type="checkbox"/> Board & Care:	<input type="text"/>
<input type="checkbox"/> Homeless	<input type="text"/>	<input type="checkbox"/> Room & Board:	<input type="text"/>
<input type="checkbox"/> IMD:	<input type="text"/>	<input type="checkbox"/> Section 8 Housing	<input type="text"/>
<input type="checkbox"/> Independent Living w/o Cooking Facilities	<input type="text"/>	<input type="checkbox"/> Shared Living	<input type="text"/>
<input type="checkbox"/> Independent Living with Cooking Facilities	<input type="text"/>	<input type="checkbox"/> SNF:	<input type="text"/> <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health
<input type="checkbox"/> Jail	<input type="text"/>	<input type="checkbox"/> Social Rehabilitation Program:	<input type="text"/>
<input type="checkbox"/> Medical Hospital:	<input type="text"/>	<input type="checkbox"/> Other (describe):	<input type="text"/>

Copies to (required—check all that apply)

<input type="checkbox"/> DHS Claiming (707-565-4785)	<input type="checkbox"/> Public Conservator's Office (707-565-5739)	<input type="checkbox"/> Social Security Administration (833-940-2149) Do Not Send to SSA if sending to Tsunami.
<input type="checkbox"/> Hospital Liaison (707-565-4866)	<input type="checkbox"/> SCBH Contractor:	<input type="checkbox"/> Tsunami (707-462-6235)
<input type="checkbox"/> Linkage Admin Support (707-565-4892)	<input type="checkbox"/> Other:	
Faxed to the above on:	<input type="text"/>	by
	(Date)	(Staff Name)

Person completing form (print): _____ **Date:** _____ **Ext:** _____

Avatar Data Entry Initials: _____ **Date:** _____

COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES BEHAVIORAL HEALTH DIVISION Client Change of Status Notification Page 1 – County Staff, See Back for Instructions	Name:	<input type="text"/>
	Client #:	<input type="text"/>

Client Change of Status Notification form procedures

Personal Service Coordinator (PSC) responsibilities:

Complete this form any time there is a change in the client's name, PSC, facility discharge/admit, new home address and/or phone number, monthly rent, living arrangements, or if there is an authorized bed hold on a placement. Information about the new living arrangement is very important, as the amount of money a client receives from Social Security depends upon the kind of living arrangement in which the client resides.

1. **Client Name Change:** Client name must match MEDS information (if unsure check with clerical staff).
2. **New Personal Service Coordinator:** Provide transfer from PSC name and program and transfer to PSC name and program.
3. **Authorized Bed Hold:** For the authorized bed hold indicate the name and reporting unit (RU) of the facility where the bed is being held and for which dates. In the new living arrangement indicate where the client will be temporarily located during the bed hold.
4. **Facility Discharge/Admit:** Provide facility name/RU, discharge/admission dates, and facility address and facility phone number, as applicable.
5. **New Home Address/and or phone number:** Provide new address and/or phone number as applicable.
6. **New monthly rent:** Provide the monthly rent amount if the rent has changed.
7. **New Living arrangements:** Check all that apply and add name if applicable. **For Skilled Nursing Facility (SNF) select whether client is at the medical or mental health side of the facility.**
8. **Copies to:** Check the boxes of all the entities that need a Change of Status Notification:
 - **For moves in or out of IMDs, Board & Cares, and Social Rehabilitation Programs** send to: DHS Claiming, Linkage Admin Support, Public Conservator (if applicable), Representative Payee (if applicable) and the Social Security Administration. **NOTE:** If sending to Tsunami do not send to Social Security Administration.
 - **For authorized bed holds:** send to DHS Claiming, Linkage Admin Support and the Public Conservator's office.
 - **For Psychiatric Hospital admissions and discharges:** send to the Hospital Liaison
 - **For all other address and/or name changes:** send to DHS Claiming, Public Conservator (if applicable), Representative Payee (if applicable) and the Social Security Administration. **NOTE:** If sending to Tsunami do not send to Social Security Administration.
 - **For a new PSC:** send to Public Conservator (if conserved), Representative Payee (if applicable), and any applicable SCBH contractors.
9. **Print the staff** name, date, and phone extension of the person completing the form and give to clerical staff.

Clerical responsibilities:

1. Using the Update Client Data form in Avatar, make needed changes. For name changes, verify the new name matches exactly what's in MEDS.
2. Fax the Client Change of Status Notification form to the entities indicated on Page 1 and document in the shaded box the date the document was faxed and the clerical name that completed the faxing. Verify the SS# box is filled out when faxing to Social Security Administration.
3. Clerical Staff responsible for Updating Avatar when there are changes to items marked *

Claiming responsibilities:

1. Claiming receives Change of Status form from Clerical and completes the openings, discharges, and any change of status information for contracted facilities.

COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH DIVISION

Client Change of Status Notification

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