

BHBH Hotel/Motel Shelter Referral Voucher

Consumer Information:

First Name: _____
Last Name: _____
Date of Birth: _____
Medical Record #: _____

Facility Information:

Vendor Name: _____
Hotel Address: _____
(include Rm #) _____
Facility Phone: _____

Program, Cost Center and Contact Information

Behavioral Health Bridge Housing (BHBH)

Hotel/Motel

Case Manager: _____ Phone: _____
Program Manager: _____ Phone: _____
Billing Coordinator: _____ Phone: _____
Email: _____
After Hour Contact: _____
(if applicable)

_____ BHBH FSP Client _____
(choose one)

Placement and Payment Authorization

Date of First Night Authorized: _____ Bed Hold Authorized: _____

_____	_____	_____
DBH Staff	Signature	Date
_____	_____	_____
Program Manager/Designee	Signature	Date

Placement and Payment Termination

Date of Last Night Authorized: _____

_____	_____	_____
DBH Staff	Signature	Date
_____	_____	_____
Program Manager/Designee	Signature	Date

Disposition at Exit:

Moved to another temporary housing	Self-Pay Housing	Hospitalized - medical
Residential Treatment (CRT, SUD, etc)	Assisted/Supported Housing	Hospitalized - psychiatric
Involuntarily discharged from motel	Temporary family/friends	Incarcerated
Voluntarily returned to homelessness	Long-term family/friends	Other:
	AWOL	

**Vendor Instructions on the back

Voucher Instructions for the Vendor

This voucher will authorize admission of the DBH consumer into your hotel/motel site, the dates indicated for services are reimbursable under contract. Information below are helpful tips regarding the information contained within the voucher and program contacts.

Case Manager:		Phone:	
Program Manager:		Phone:	
Billing Coordinator:		Phone:	
After Hour Contact: (if applicable)			

DBH Program must include the information for the assigned Case Manager, Program Manager and Billing Coordinator for their program. *If this is incomplete, the voucher is incomplete.* Each consumer is assigned a **Case Manager**, whom the vendor would reach out and communicate for the following: behavior concerns, medication compliance, etc...

The vendor would reach out to the **Program Manager** in the event they could not successfully reach the Case Manager, any **Urgent** placement issues, or crisis situation.

The **Billing Coordinator** receives and processes invoices for shelter services, each per program. You will submit monthly billing to them and may contact them regarding billing questions.

Date of First Night Authorized:

This is the first night in which payment is authorized for hotel/motel bed services; should be reflected in the monthly invoice.

Date of Last Night Authorized:

This is the last night in which payment is authorized for hotel/motel bed services; this should also be listed on the monthly invoice when applicable.