

SINGLE BED CERTIFICATION WORKSHEET

- During regular business hours, the individual requesting a Single Bed Certification (SBC) must fax this form to the GCBH Care Coordinators, at 509-783-4165.
- Outside of regular business hours, the individual requesting an SBC must contact the GCBH Medical Director, or his/her designee, prior to completing this form. If approved, the form must be completed and faxed, as above. Medical Director: Glenn Lippman, MD; cell phone 602-885-2069

PERSON /AGENCY PROVIDING INFORMATION			DATE	
PHONE		FAX		
PATIENT	DATE OF BIRTH	CURRENT OUTPATIENT MENTAL HEALTH PROVIDER (IF APPLICABLE)		
SOCIAL SECURITY NUMBER	CURRENT LEGAL STATUS	DATE ORDERED	EXPIRATION DATE	
FACILITY NAME				
FACILITY ADDRESS				
FACILITY PHONE NUMBER/				
REASON FOR SINGLE BED CERTIFICATION (CHECK ONE)				
<input type="checkbox"/> The consumer requires services that are not available at a facility certified under this chapter (WAC 388-865-0500) or a state psychiatric hospital.				
<input type="checkbox"/> The consumer is expected to be ready for discharge from inpatient services within the next thirty days and being at a community facility would facilitate continuity of care, consistent with the consumer's individual treatment needs.				
ESTIMATED LENGTH OF CERTIFICATION (DAYS)	FROM	TO		
EASTERN STATE HOSPITAL APPROVAL				
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
DIRECTOR OF SOCIAL WORK OR DESIGNEE			DATE	

- The individual completing this Worksheet has provided a copy of it to hospital personnel and notified them of the requirement that CFR pertaining to seclusion and restraint must be followed (CFR A-0062 – A-0095; 482.13 (e) – 482.13 (f) (7)).