



County of San Luis Obispo Behavioral Health
Drug & Alcohol and Mental Health Services

Client Name

Client MR#

Date

Recovery Residence Authorization

Section One

Original Move-In Date:

Total Number of Months in a Recovery Residence:

Current Recovery Residence:

Funding Source:

Other Funding Source:

Authorized Percentage Paid by DAS:

100% 75% 50% 25% Other:

Current Authorization Start Date:

Current Authorization End Date:

Last Bed Date:

Comments Regarding Funding:

Section Two

Behavioral Health Treatment Clinic:

Grover Beach Atascadero San Luis Obispo

Paso Robles South Street Justice Services

Level of Care:

Referring Specialist/Clinician Name:

Referring Specialist/Clinician Phone:

Comments (Describe any information the Recovery Residence should be aware of, such as medications and/or medical conditions):

Staff Signature/Date:

LPHA Signature/Date:

Staff Processing/Date:

Client Name:

Client MR#: