**Pathways to Success**

**Institutional Setting Notification Form**

*Submit completed form to HFS via fax (217-524-1221) or email (*[*HFS.Pathways@illinois.gov*](mailto:HFS.Pathways@illinois.gov)*)*

Instructions: This form must be completed and submitted within five (5) business days of the CCSO being made aware of a Pathways enrolled youth’s admission to or discharge from an institutional facility for a stay lasting longer than 14 days (e.g., residential treatment). Short-term inpatient psychiatric hospitalizations should not be reported using this form.

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| **Section 1. General Information** | | |
| **Youth Name:** | **RIN:** | **Date of Birth:** |

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| **Section 2. Facility Information** | |
| **Facility Type:** | |
| Community Integrated Living Arrangement (CILA)  Group home  Specialized mental health rehabilitation facility (SMHRF)  Other provider-owned independent/assisted/supported living | Correctional facility  Residential treatment facility  State operated facility  Other (list): |
| **Facility Name:** | **Address:** |
| **Admission Date:** | **Discharge Date:**  N/A – in treatment |

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| **Section 3. CCSO Information** | | | | | | |
| **CCSO Agency Name:** | | | **Care Coordinator:** | | | |
| **Phone Number:** | | | **Email:** | | | |
| **Signature:** | | | | | | |
|  |  |  | |  |  |  |
| Care Coordinator/Supervisor (print name) |  | Signature | |  | Date |  |