**Pathways to Success**

**Institutional Setting Notification Form**

*Submit completed form to HFS via fax (217-524-1221) or email (**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 |  |