



# Therapeutic Leave Pass and Bed Hold Form

## General Information

<b>Facility Name:</b>			
<b>Recipient Name:</b>		<b>DOB:</b>	

## Therapeutic Leave Pass Request

**Dates Requested:**

<b>Start Date:</b>		<b>End Date:</b>	
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**Goal and Objective of the Pass:**


**Specific Goal in the Treatment Plan that the above Goal and Objective of the Leave Pass is related to:**


## Bed Hold Request for Hospitalization

\_\_\_\_\_ (Name of Facility) Understands that hospitalization is an intervention intended for short-term stabilization, so that the recipient may return to complete treatment at our facility. By requesting a bed hold, we (the facility) are agreeing that we will accept the above named recipient back to the same bed they previously occupied upon completion of their hospitalization.

<b>Printed Name and Title of Facility Representative</b>	<b>Signature of Facility Representative</b>

**The Facility Care Manager will fax this form, when completed, to the Case Manager**