

# Single Bed Certification Form WAC 182-300-0100



Fax requests to: Western State Hospital at (253) 582-2361  
To speak with the nurse processing SBC's please call (253) 756-2612

## **1** General information

\_\_\_\_\_ Initial Request      Extension Request  
County

\_\_\_\_\_  
Name and title of requestor –OR– facility name for persons under 18 years of age

\_\_\_\_\_  
Requestor's fax number      Date requested

\_\_\_\_\_  
Requestor's phone number      Time requested

The facility that is the site of the proposed single bed certification confirms that it is willing and able to provide directly, or by direct arrangement with other public or private agencies, timely and appropriate mental health treatment to the person for whom the single bed certification is sought. The single bed certification will apply only to that facility only for a period of 30 days.

\_\_\_\_\_  
Facility      City

\_\_\_\_\_  
Name and title of acceptor      Acceptor phone number

## **2** Patient information

\_\_\_\_\_  
First Name      Last Name      M.I.

\_\_\_\_\_  
Date of Birth      Gender      Female      Male      X

If person is under 18 years of age, is this request for certification on an adult unit?      Yes      No

## **3** Legal Status

- |                          |                             |                              |
|--------------------------|-----------------------------|------------------------------|
| 120 Hour Detention       | 90-Day Commitment           | 180-Day LRA Revocation Order |
| LRA Revocation Detention | 180-Day Commitment          | 365-Day LRA Revocation Order |
| 14-Day Commitment        | 90-Day LRA Revocation Order |                              |

Patient name \_\_\_\_\_

**4**

**Criteria for Request**

The person 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 person's individual treatment needs.

The person can receive appropriate mental health treatment in a residential treatment facility (RTF), as defined in WAC 182-300-0100. The RTF is a certified E&T:

Yes

No – If the RTF is not an E&T, the SBC requires an attachment documenting how the RTF will meet the person's evaluation and treatment needs per WAC & RCW

The person can receive appropriate mental health treatment at a:

Hospital with a psychiatric unit

Hospital that can provide timely and appropriate mental health treatment

Psychiatric hospital

The person requires MEDICAL services that are not generally available at a facility certified under WAC 388-865-0526.

The person is awaiting transportation to an identified bed at a certified E&T and the Emergency Room is willing and able to provide mental health treatment in the interim.

**Describe why person meets Criteria for Request.** (Include medical services required.)

**5**

**For Use By State Hospital Staff Only**

\_\_\_\_\_  
Certification approved by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date approved

\_\_\_\_\_  
Time approved

**This certification expires 30 days from date of approval**