



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

Client Name

Client MR#

Date

## Recovery Residence Authorization

### Section One

Referral Date:

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:

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#: