



## **Bed Hold / Therapeutic Leave Request for Level I RTC**

Facility Name:

Member Name:

Date of Birth:

Dates Requested for Hold/Pass:

### **Therapeutic Leave Request**

Goal and Objective of Pass:

Please list the specific goal in the member's treatment plan that the above statement relates to:

### **Bed Hold Request**

Date of Hospitalization:

Statement of Bed Hold Agreement:

\_\_\_\_\_ understands that the hospitalization is an intervention intended for short-term stabilization so that that the member may return to complete treatment at our facility. By requesting a bed hold we agree to accept the member back into the facility upon discharge from the hospital.