



Written Notification of Resident Placement To the ADAMH Board of Franklin County

Client Name: _____

Name of Referring Facility: _____

Facility Classification: Class 1 Class 2 Class 3

Facility License Number: _____

Address of Referring Facility: _____

Phone Number of Referring Facility: _____

Date of Admission: _____

Notification Date: _____

Note: Per OAC 5122-30-23: For each resident with a mental illness or severe mental disability, operators of residential facilities are to submit a copy of the written notification to the board serving the county in which the facility is located of the resident's placement in the facility within seven days of the resident's admission, including date of notification.

For submission of forms, please send via secure fax to 614-224-2698.