**Residential Rehabilitation Program**

**Resident Placement Form**

**Program:** **Name of Resident:**

**DOB:** **Gender:** M / F **Level:** **Placement Date:**

**Address of Placement:**

Signature

Printed Name

Title

Date

**Email or fax completed form to BHS Baltimore and keep a copy for resident’s chart.**

Email: [clinicalservices2@bhsbaltimore.org](mailto:clinicalservices2@bhsbaltimore.org)

Fax: 443-320-4568