A logo of a city

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Description automatically generated

**Bed Hold Extension Request**

|  |  |
| --- | --- |
| Date |  |
| Name of Facility Requesting Bed Hold |  |
| Contact Name at Facility |  |
| Contact Phone Number |  |
| Contact Fax Number |  |
| Date Bed Hold Began |  |
| Client Name |  |
| Client’s Date of Birth |  |
| Reason for Bed Hold and where the client is currently |  |
| Duration of extension requested |  |
| Will Accept Client Back | Yes  No |

Bed Hold Extension requests are to be sent to San Diego County BHS Leadership for approval past 7 days. Please include the Optum LTC team and Medical Director in the request.

**\*\*\*Please note bed holds and extensions are only granted when a facility anticipates accepting a client back to their facility.**