



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	<input type="checkbox"/> Yes <input type="checkbox"/> 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.**