



NYC Short-term Crisis Respite Center  
Self-Referral Form

**Overview**

NYC Short-term Crisis Respite Centers support people aged 18 and over who are anticipating or experiencing a mental health crisis by providing a voluntary stay in a home-like setting which is supportive, comfortable and safe. Guests stay at the respite by personal choice and not as “forced treatment” and can come and go at their leisure without a curfew. Respite offer 24/7 support by trained Peer Specialists (individuals with lived experience of mental health conditions) as well as mental health professionals such as licensed social workers. Respite provide an innovative and unique alternative and/or complementary service to more traditional emergency room and inpatient care. Guests are provided with services including but not limited to: individual and group peer support; crisis prevention / intervention planning; referrals and linkages; health and wellness coaching; assistance with strengthening living skills; health navigation; and help with developing coping skills. Individuals referred to Respite may be enrolled the same day, pending bed availability and proper documentation. Guests may stay for up to 7 calendar days and may continue their daily activities (work, school, social engagements) as well as meet with their treatment provider(s) and other supporters at the Respite if they wish. With the guest’s consent, collaboration between Respite staff and the individual’s treatment provider(s) and other supporters is welcome. Inability to pay for services does not affect eligibility.

**Please note that completion of this self referral form does not guarantee enrollment to a Respite Center**

**There are 8 Short-term Crisis Respite Centers in NYC in different boroughs which can be contacted directly at the following numbers:**

<b>Brooklyn – SUS:</b> (347) 505-0870 / Fax: (877) 603-5170 <b>or SUS:</b> (646) 757-4561 / Fax: (877) 585-8837; <b>or OHEL:</b> (718) 686-3262 / Fax: (718) 686-4262
<b>Bronx – Mosaic Mental Health:</b> (718) 884-2992 / Fax: (718) 884-2901
<b>Queens – TSI:</b> (718) 464-0375 / Fax: (718) 217-2366
<b>Manhattan – Community Access:</b> (646) 257-5665 / Fax: (212) 614-1413 <b>or ACMH:</b> (212) 253-6377 / Fax: (212) 253-8679
<b>Staten Island- St. Joseph:</b> (718) 876-2810 / Fax:(718) 876-4414

Date of Self Referral: \_\_\_\_\_ Name of Person: \_\_\_\_\_

DOB: \_\_\_\_\_ Contact # of Person: \_\_\_\_\_

**Insurance Information:**

Medicaid # \_\_\_\_\_ Manage Care Organization: \_\_\_\_\_

**Please answer the following questions:**

1. Please indicate your reasons for seeking a stay at the Crisis Respite Center:

[Click here to enter text.](#)

2. Please indicate what you expect/hope to obtain from your stay at the Crisis Respite Center:

[Click here to enter text.](#)

Potential Guest Signature \_\_\_\_\_ Date: \_\_\_\_\_