



## Unity House Crisis Support Program Description and Referral

The Unity House Residential Crisis Support Program is a voluntary, short term (28-day maximum stay) six-bed residential crisis support program for individuals who are experiencing a mental health crisis or challenges in daily life that create a risk for increase in mental health symptoms. Crisis support provides the space and opportunity for an individual to separate from their immediate stressor(s), giving them the chance to rest, de-stress and relax as they work through their crisis in a safe environment. Our goal is to provide a homelike and supportive environment, that will assist guests in their recovery process.

### At the Residential Crisis Support program, guests can expect:

- A comfortable community-based home like setting with individual rooms;
- 24/7 staffing;
- assistance in personal care and activities of daily living;
- peer support services;
- engagement with identified supports;
- safety planning;
- integration of direct care and support;
- case management services;
- medication management/training and/or;
- medication monitoring.

### Admission Criteria

The guest:

- Must be 18 years of age;
- is exhibiting symptoms of mental illness, psychiatric crisis and/or;
- is experiencing challenges in daily life that create risk for escalation of psychiatric symptoms that cannot be managed in the individual's home and/or community environment without on-site supports;
- has no imminent risk to the safety of themselves or others that would require a higher level of care;
- is medically stable, and;
- is willing to participate in service voluntarily.

When you have a possible referral to this program, please fill out the attached form, complete with the requested documentation listed below. This packet can be emailed to [CrisisResidence@UnityHouseNY.ORG](mailto:CrisisResidence@UnityHouseNY.ORG) for consideration.

Requested documentation:

- Recent mental health assessments;
- recent admission and/or discharge paperwork from hospitals/mental health inpatient setting;
- recent lab work;
- list of current medications and providers;
- and releases (for referral agency and individual's emergency contact)

309 - 8<sup>th</sup> Street  
Troy, NY 12180-2227  
518.960.3580  
[www.UnityHouseNY.org](http://www.UnityHouseNY.org)



### Residential Crisis Support Referral Form

Name:	Date:
Date of Birth:	Contact number:

Referral Source / Contact Name / Phone:
Where does the individual reside?
Insurance: Insurance ID:
Reason for Referral:
Current Mental Health Symptoms:
Primary Psychiatric Diagnosis:
Hospitalization History:
Medical Diagnosis:
Substance Use Diagnosis: Last Use:
Allergies:
History of violence and/or aggression (if yes, please explain): <input type="checkbox"/> Yes <input type="checkbox"/> No

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Primary Care Doctor (Practice / Provider / Address / Phone number):
Pharmacy (Name / Address / Phone number):
Mental Health Provider (Practice / Provider / Address / Phone number):
Mental Health Medication Provider (Practice / Provider / Address / Phone number):
Case Manager (Agency / Practice / Provider / Address / Phone number / Email):
Specialty Doctors (Cardiology, Endocrinology, Neurology, etc. – Practice / Provider / Address / Phone number):
Other Providers (Substance Use Services, Rehabilitation providers, Vocational supports, PROS, etc. - Practice / Provider / Address / Phone number):
Upcoming Appointments (Agency / Date / Time):

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