

# REQUEST FOR SPACE IN THE Western Region Adolescent Services

\_\_\_\_\_ County requests that the La Crosse County Western Region Adolescent Services hold

(County name)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Child's name)

(Child's date of birth)

(Parent(s) name)

(Telephone number)

\_\_\_\_\_ County acknowledges and agrees to pay to La Crosse County the basic rate of,

(County name)

\$500.00 per day for CORE Unit

\$275.00 per day for Secure Unit

\$225.00 per day for Shelter Unit

**Please circle one**

\_\_\_\_\_ (County name)

pharmaceutical expenses as well as extra staff for suicide watches, medical transport, and facility staff duties,

if the juvenile is hospitalized, and property damage.

Medical Condition Report / Special instructions: \_\_\_\_\_

Authorizing Agent: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_