Steve Sisolak

*Governor*

Richard Whitley, MS

*Director*



**Department of**

**Health and Human Services**

Division of Public and Behavioral Health

*Helping people. It’s who we are and what we do.*

**

Lisa Sherych

*Administrator*

Ihsan Azzam,   
Ph.D., M.D.

*Chief Medical Officer*

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**CARA Plan of Care Request Form**

**(Attachment B)**

,on behalf of, is requesting the CARA Plan of Care for the following individual(s) in accordance with NAC 449.984 1b.

|  |  |  |  |
| --- | --- | --- | --- |
| **Infant’s Name (last, first)** | **Mother’s Name (last, first)** | **Infant’s Date of Birth** | **Hospital** |
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I am aware that this is a confidential document and must be properly submitted to the Bureau of Behavioral Health Wellness and Prevention through means of a secure file transfer protocol (SFTP). The requested document(s) will then be released through the same secure file transfer protocol (SFTP).

Signature: Date of Request