



LEVEL II GROUP HOME – REGISTRATION/REQUEST FOR PLACEMENT

Referring Area Office/Probation/Parole Office: _____

Contact Name: _____ Contact # _____ Ext: _____

Member Name _____ DOB: _____ SSN: _____

Medicaid/Consumer ID# _____

Present Placement: _____ Court Ordered Placement: Y N Date of Next Hearing _____

DSMIV DIAGNOSIS CODE:

AXIS I _____ AXIS II _____ AXIS III _____ AXIS IV _____ AXIS V _____

Check all that apply (within last 30 days):

- Past history of suicidal and/or homicidal thoughts and/or impulses with significant current ideation without intent or conscious plan; or
- Frequent and severe verbal or physical aggression directed toward self and others that interferes with development of successful interpersonal relationships; or
- Episodic impulsivity and/or physically or sexually aggressive impulses that are moderately endangering to self or others (e.g., status offenses, AWOL, self injurious behavior, fire setting, violence toward animals) or
- Recurrent psychotic symptoms/behavior that pose a significant risk to the safety of the child/adolescent or others, or markedly impaired functioning in one or more domains
- Moderate to severe functional problems in school/vocational setting or other community setting (e.g., school suspension, involvement with the law) due to inability to accept age appropriate direction or supervision from caretakers; or
- Chronic medical condition that requires assistance to achieve compliance with prescribed medical regimen (e.g., diabetes treatment, asthma treatment); or
- Demonstrated inability to form trusting relationships with caregivers (including regular and specialized foster care) that prohibit success in a family setting; or
- Demonstrated inability to tolerate a large congregate care setting (e.g., larger than six beds)
- The child or adolescent cannot be treated in a *family* setting with a combination of outpatient and intensive ambulatory services due to demonstrated low tolerance for family environment or marked intolerance for adult authority as evidenced by one of the following:
- Two or more failures in home or foster home settings with intensive community based services and supports due to disruptive behavior that has placed child, caregivers or other members of the household at risk for injury to person or property; or
- Qualitative impairment in social interaction, lack of social/emotional reciprocity, failure to develop peer relations appropriate to developmental level and/or a profound mistrust of others due to previous trauma or pervasive developmental disorder, and
- Child/Adolescent requires specialized and intensive clinical and rehabilitative intervention provided by trained staff to achieve optimal control over emotions and to exhibit behavior appropriate to age and community expectations or
- Child/Adolescent is vulnerable to crisis and may require access to on site 24 hour emergency evaluation and crisis intervention and
- Child/Adolescent is able to attend off site educational placement

Area Office BHPD Signature: _____

PLEASE COMPLETE AND FAX TO: 1-(866)-584-4194