



RESIDENTIAL – 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):

- Recurrent suicidal gestures and/or attempts with significant risk of self-injury; or
- Recurrent self-mutilation that requires non-urgent medical intervention and that presents some potential for danger, e.g., through infection; or
- Recurrent deliberate attempts to inflict serious injury on another person; or
- Unremitting reckless behavior suggesting an unwillingness to consider potential for risk to self or others (e.g. fire setting, psychosexual behavior problems; reckless driving; and other risk-taking behavior;)
- Unremitting impulsive, defiant, antagonistic or provocative behavior with potential for risk to self or others; or
- Recurrent agitated and uncontrolled behavior including acts of violence against property or persons; or
- Recurrent dangerous or destructive behavior; 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; or
- Recurrent and marked mood liability resulting in severe functional impairment; or
- Recurrent intimidation/threats of aggression with moderate to high likelihood that they will be acted upon and result in serious risk to others.

The above symptoms cannot be contained, attenuated, evaluated and treated in a home type living situation with any combination of outpatient and intensive ambulatory services due to:

- Child/Adolescent presents moderate risk for requiring restraint/seclusion as evidenced by the use of such during the 3-month period immediately preceding admission. Restraints were occasional (not more than once every two weeks), could be administered with fewer than 3 persons and did not present high risk of serious injury to self or others. Seclusions were not locked; or
- Patient requires 24-hour awake supervision in order to safely manage behaviors in above or due to high AWOL risk, or
- Documented efforts to provide intensive community-based treatment (e.g., extended day treatment/intensive outpatient treatment, home-based services, intensive intervention within the school environment) while the child is living in a home type setting. (e.g., birth, relative, adoptive, foster, therapeutic foster, or group home) have been implemented within the past six months and have not resulted in safe, manageable behavior in the home setting; or
- Necessary, less restrictive intensive community-based services needed to support the child/adolescent in a home setting are not currently available and clinical issues require this level of care as an appropriate alternative.

Area Office ARG Signature : _____ Date: _____

Area Office BHPD Signature: _____ Date: _____

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