COMMUNITY PLACEMENT APPLICATION FORM
FOR MINORS

I. CLIENT IDENTIFYING DATA:

Name _____

Date of Birth _____ Sex _____

Current residence - address _____

City/State _____

Parent/Guardian/Other- Name _____ phone _____

                        Address_____

                        City/State _____

Significant Others _____

Education - Grade Level _____

             School District _____

Legal Status _____

Soc. Security No. _____

II. APPLICANT

Name _____   Title _____

Facility/Agency _____   Phone: _____

DMH/CPS Facility _____   Date Admitted _____

Type of Admission _____   DMH Case No._____

III. REASON FOR REFERRAL: (Agency/facility goals and plans)

_____

_____

_____

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_____

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DMH INTERNAL USE ONLY

Date Application rec'd _____

Gen. Screening Date: _____

Placement Decision
 Date: _____

Disposition_____

Date placed on waiting list

Month   Day   Year

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IV. DIAGNOSIS:

Axis I _____ Code _____

Axis II _____ Code _____

Axis III _____ Code _____

Age at onset of mental disorder _____years.

A. PRESENT SITUATION: (Describe completely the minor's behavior, e.g. leisure time
   CURRENT BEHAVIOR: and activities, socialization, behavior problems, most
                          recent display of problem behavior, privileges/passes,
                          interests, hobbies, school problems)

_____

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B. Current Medication and any recent changes and why: _____

_____

_____

_____

_____

C. Physical Condition: (Describe any physical problems, special dietary needs,
                         developmental problems, etc.) _____

_____

_____

_____

_____

D. Family Involvement : (Describe current family interest, home environment,
                          treatment of family members for mental disorders,
                          family needs, assessment of family as a resource both
                          during and following placement, etc.)

_____

_____

_____

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E. Treatment: (Describe type of setting needed, degree of structure and supervision required, treatment approaches needed, special management problems, degree of cooperation, special education needs, etc.) _____

_____

_____

_____

F. Minor's and parent's attitude toward placement: _____

_____

G. See Attachment A

VI. FINANCIAL

Insurance Company   Claim number

_____   _____

_____   _____

_____   _____

Other Resources (check if applicable)

SSI _____

SSA _____

Juv. Court _____

DFS _____

Other (specify) _____

VII. REMARKS/RECOMMENDATIONS: (Describe anything that will be helpful in assessing minor for placement)

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