

Applicant's Name: _____ CSB: _____ Date: _____

NOTE: This form is not required for respite care admissions

SERVICE REQUESTED

A. **Reasons For Referral:** In the left hand column below, please list the specific reasons and/or situations, which make you feel that the applicant should be considered for admission. On the right, please indicate what efforts have been made to resolve the issues. This should include what was done, for how long, and by whom. Note Example.

i. EXAMPLE: Crying and screaming during the night, which keeps the rest of the family awake.	i. EXAMPLE: For two months we took turns getting up and rocking Johnny to calm him down. Then, three weeks ago the school psychologist suggested we ignore the crying as long as he isn't in pain. He still cries as much as before though.
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

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B. Behaviors/Skills You Would Like To See Improved:

Description Of Current Behavior Or Skill:	Level Of Performance You Feel is Necessary Before Applicant Can Be Discharged:
i. EXAMPLE: Disrupts household by crying or screaming nearly every night of the week.	i. EXAMPLE: Will remain quiet six out of seven nights a week.
ii. EXAMPLE: Has no reliable means of communication.	ii. EXAMPLE: Will either enunciate or manually sign the following: "yes", "no", "eat", "drink", "want", "bathroom".
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

C. What placement possibilities do you feel might follow the completion of the residential training program? (i.e., group home, foster care, return home, etc.)

D. Additional Comments or Concerns: