

Care Review
Update/Review of Residential Placement

Date	
Consumer	
DOB	
Age	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other
Current Residence	
Legal Guardian *	
Relationship	
Case Manager Name/Agency/Phone	

Child and Family Team Members:

Parent/Guardian:		Parent/Guardian:	
DSS:		Extended Family:	
DJJDP		Family Advocate:	
School Rep:		Provider:	
Psychiatrist:		Provider:	
Therapist:		Provider:	
Family Friend:		Other:	

Length of Time in Current Placement	
Total Time in Out of Home Placements	
Current Diagnosis	
Medications	

Why does this client continue to need this level of mental health treatment?
What target behaviors are the focuses of treatment? What progress is being made on those target behaviors?
What supports are needed for this child to return to the community?
How is the family involved in treatment?
If the family has not been significantly involved in this child's treatment, please explain:

*(If DSS is the guardian, please have DSS worker complete section on final page.)

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If the child is 16 years or older, is the placement providing adequate preparation for independent living?

If DSS is the guardian, how does this placement connect with permanency planning?

What specifically is the plan for this child after he/she turns 18 years of age?

If the client has no family, is there a visiting resource in their identified home community?

DSS Worker

Date

Staff completing the form

Date

I have reviewed this case and plan with the above case manager.

Supervisor

Date

**(If DSS is the guardian, please have DSS worker complete section on final page.)*