

SPECIALIZED THERAPEUTIC FOSTER CARE INITIAL REVIEW

1. Date, caller demographics (name, CBC)
2. Provider of service (name, address, phone number)
3. Level of STFC requested (Level I, Level II, Crisis Intervention)
4. Reason for requested service, e.g. referral source, why now?
5. Diagnosis (all five axes)
6. Risk Assessment (e.g. suicidal, homicidal, plan)
7. Medical/Medications (physical and behavioral)
8. Psychosocial Summary (abuse/neglect cultural, legal, substance abuse)
9. School (grade, special ed, absenteeism, suspension/expulsion)
10. Previous treatment (type of service/support, dates, outcome)
11. Current providers and supports (type of service/support, date began)
12. Strengths
13. Goals (behavior-based)
14. Barriers
15. Discharge plan
16. Anticipated length of stay

CONCURRENT REVIEW

1. Date, caller demographics (name, CBC)
2. Provider of service (name, address, phone number)
3. Level of STFC requested (Level I, Level II, Crisis Intervention)
4. Rationale for continued stay
5. Diagnosis (all five axes)
6. Risk Assessment (e.g. suicidal, homicidal, plan)
7. Changes in medical/medications (physical and behavioral)
8. Changes in psychosocial situation (abuse/neglect cultural, legal, substance abuse)
9. Changes in school (grade, special ed, absenteeism, suspension/expulsion)
10. Changes in current providers and supports (type of service/support, date began)
11. Strengths
12. Goals (behavior-based)
13. Barriers
14. Discharge plan
15. Anticipated discharge date