

Instructions for Residential Extended Stay Review Form (CD-304):

PURPOSE:

The Residential Extended Stay Review Form is to be completed during the Family Support Team in which the team discusses the need for a child to remain in a residential treatment setting as part of a residential extended stay review.

OF COPIES AND DISTRIBUTION:

Upon completion and submission to the RCST for the Extended Stay Review, upload to OnBase. All details from the Family Support Team Meeting will be entered into FACES as a contact note. *“See OnBase” is not adequate FACES Documentation.*

INSTRUCTIONS FOR COMPLETION:

General:

By using this form, and the required attachments, staff will be able to present the child’s current needs, so a determination can be made for extended residential treatment.

Specific:

Case Manager, CM’s Telephone #: Name of the case manager for the child, along with the best contact number for the Case Manager

Supervisor, Supervisor’s Telephone #: Name of the case manager’s supervisor, along with the best contact number for the Supervisor

Child’s Name: Enter the child’s name

Child’s DCN: Enter the child’s DCN

Child’s DOB: Enter the child’s DOB

Gender/Identified Gender: Enter the child’s gender, and their identified gender

JU#: Enter the child’s Judicial Court ID

Current Placement: Enter the child’s current placement

Date of Placement: Enter the date the child was placed in the current placement

Is Current Placement a QRTP: Check if the current placement is a QRTP

Required Documentation: Check the box next to the documents being attached to this form. Each document is required as part of the Extended Stay Review. The only form that may be optional is a recommendation from the Center for Excellence.

Facility Placement History (Current LS-1 Episode): List all placement the child has had in residential treatment. If necessary, attach an additional sheet, and check if the placement was a QRTP.

Reason for Referral: This is the reason listed on the original Referral & Specialized Placement Referral (CS-9).

What is the current case goal: Check the current case goal

What is the current concurrent goal: Check the current concurrent case goal

Date of FST: Enter date of the FST for the Extended Stay Review

Recommendations from team regarding continued residential treatment: What did the youth's family and permanency team discuss regarding current treatment plan, progress of this plan, discharge plan, and progress towards discharge? What is the decision of the team regarding ongoing residential treatment?