

Reconsideration of Assessment of Suitability of a Child for Residential Treatment

| Child Information | | | |
|---|--|---|------|
| NAME: | MEDICAID NUMBER: | SOCIAL SECURITY NUMBER: | |
| DATE OF BIRTH: | GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| COUNTY OF ORIGIN: | CIRCUIT: | AREA: | |
| EVALUATOR: | DATE OF LAST SUITABILITY: | PRIOR RECOMMENDATION: <input type="checkbox"/> In-Patient <input type="checkbox"/> STGH <input type="checkbox"/> Residential Not Recommended | |
| Single Point of Access (SPOA) Contact Information | | | |
| NAME: | PHONE NUMBER: | FAX NUMBER: | |
| DSM-V | | | |
| DSM-5 DIAGNOSIS: | | | |
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| Child's Current Living Arrangement | | | |
| NAME OF CURRENT LOCATION/CAREGIVER: | | | |
| PLACEMENT TYPE: <input type="checkbox"/> In-Patient <input type="checkbox"/> STGH <input type="checkbox"/> Shelter <input type="checkbox"/> Detention Center <input type="checkbox"/> CSU <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative <input type="checkbox"/> Other: | | | |
| DAYTIME PHONE NUMBER | | EVENING PHONE NUMBER | |
| ADDRESS: | CITY: | STATE: | ZIP: |
| Community Based Care Caseworker | | | |
| NAME: | PHONE NUMBER: | E-MAIL ADDRESS: | |
| ADDRESS: | CITY: | STATE: | ZIP: |

Guardian ad litem

| | | |
|----------------------|--------------------|------------------------|
| NAME: | | E-MAIL ADDRESS: |
| PHONE NUMBER: | FAX NUMBER: | |

Attorney ad litem

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|----------------------|--------------------|------------------------|
| NAME: | | E-MAIL ADDRESS: |
| PHONE NUMBER: | FAX NUMBER: | |

Updated Clinical Information: explanation of child's decompensation since the time of the last assessment (i.e., Baker Acts, self-injurious behaviors, etc.)

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Additional Comments or Information

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I certify the referral form and package are complete and that all information will be sent to the Qualified Evaluator upon assignment.

SIGNATURE OF SPOA

DATE

Note: Referral Cannot Be Processed if Information Submitted is Illegible or Incomplete.

Magellan Medicaid Administration, Inc.
To transmit request information:
Fax: 1-888-656-6823
Phone: 1-800-562-4059

