

CHILD-SPECIFIC PLACEMENT REQUEST FORM

Child Information

Name:	Age and DOB:	Race/Ethnicity:
Gender/Gender Identity:	Current Placement:	Prospective Placement Date:
Referring Staff:	Referring Agency:	Expected timeframe for placement:

Reason for Request: (include current treatment needs and recommendations, summary of community-based services provided prior to request, number of placements, and type of residential requested)

Summary of placement vendors explored:

Vendor Name	Outreach Date	Reason for denial

Agency's plan to return child to community and/or achieve permanency:

Referring Staff Signature:	Supervisor Signature:
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DETERMINATION

Approved
 Not Approved
 More Information Needed

 CPMT Representative, Name and Credentials

 Date

Approved
 Not Approved
 More Information Needed

 CPMT Chair, Tabitha Kelly, LCSW, CPM

 Date