**Referral & Placement of a Child/Youth to Out of Home Care**

(Checklist to Accompany SCL paperwork to SCL Office)

Client/Youth Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Placement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCL Contracted Placement**

\_\_\_\_\_Juvenile Sex Offender Registry Background Check Request (To be sent when considering placement)

\_\_\_\_\_SCL Face sheet (Please print from CIMOR)

\_\_\_\_\_ Community Placement Application Form for Minors DMH 8311

\_\_\_\_\_Standard Means (Completed and scored within a month of placement, must be signed by parent/guardian) DMH 69

\_\_\_\_\_ SCL NOPPA/ASCS (Notice of Privacy Practice/Application for SCL Services).

\_\_\_\_\_SCL Notice of Placement (For SE Region Only)

\_\_\_\_\_ Consent and agreement for Supported Community Living Services Children and Youth DMH 9716

\_\_\_\_\_JSOR General Notification Letter to Parents (Signed by Parent)

\_\_\_\_\_ Voluntary Placement Agreement if applicable (signed)

\_\_\_\_\_ Notice of Cost (Signed by parent or guardian) DMH 8004

\_\_\_\_\_ Split funding agreement (if applicable).

\_\_\_\_\_ IAP (Individualized Alternative Program) Agreement (Signed by AA, Residential Facility and C3O)

**\_\_\_\_\_** SCL Notice of Change Report

**Each Residential Center will require**

\_\_\_\_\_JSOR and MSHP Reports

\_\_\_\_\_DMH 8311

\_\_\_\_\_DMH 9716

\_\_\_\_\_SCL Face Sheet

\_\_\_\_\_IEP Copy

\_\_\_\_\_Immunization Record

\_\_\_\_\_Last School Report Card

\_\_\_\_\_Last Psychological Report

\_\_\_\_\_Last Therapy Report