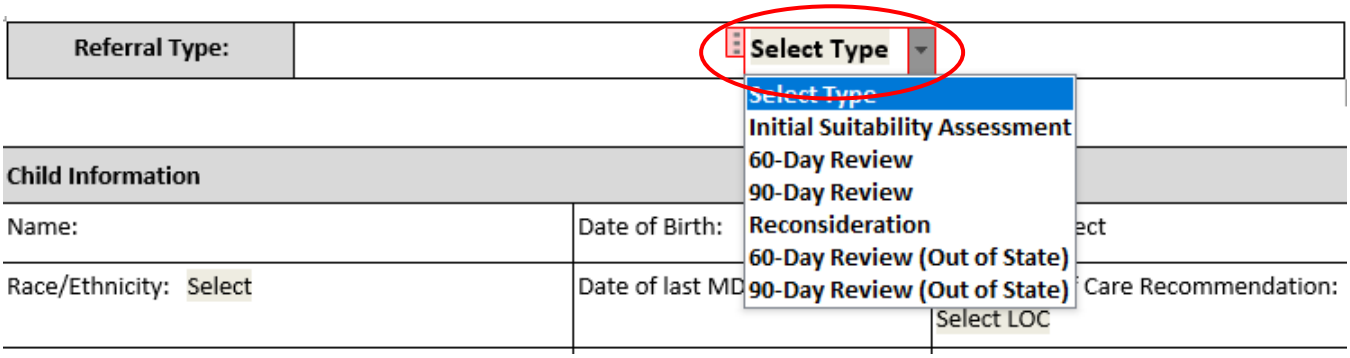
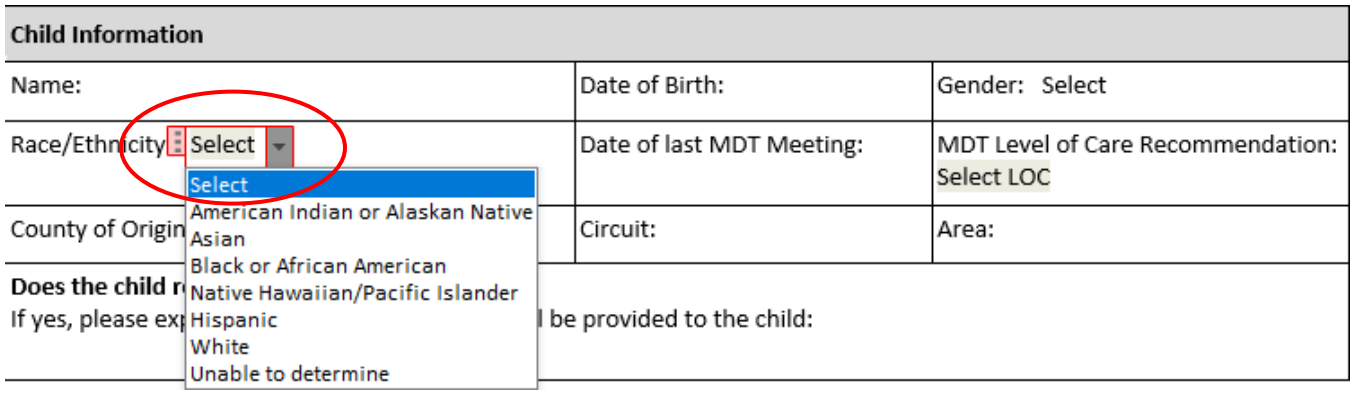
Suitability Assessment and Review - Referral Form (Guide)

Revised: March 2025

- **Referral Type**
  - Select which type of referral will be submitted.
  - **Click on** "Select Type" (dropdown menu will appear, allowing you to choose the type of referral you would like to request).



- Throughout the form there will be boxes indicating "Select." Please **Click on** "Select" (a dropdown menu will appear allowing you to choose the appropriate option).



- **Child's current living arrangement**
  - If "Other" is marked, please indicate the type of placement (i.e., overnighting, non-relative, etc.).

Child's current living arrangement		
Name of current location/placement:		
Placement Type: Select		☐ Other:
Daytime Phone Number:	Address:	
City:	State:	Zip:

- **Assessments/Reviews will be conducted via TELEHEALTH unless otherwise specified.**
  Contact Representative Name(s)/Title:
  - The name of the identified individual who will be responsible for ensuring the child is available to participate in the appointment.
  - Multiple Contact Reps can be included (i.e., secondary and third contact rep).
  - Please ensure the Contact Rep is aware the child ***must be*** present for the appointment.

  Face-to-Face (special circumstance):
  - If "yes" is selected, please explain what the special circumstance is and why the child cannot be interviewed via telehealth.

Assessments/Reviews will be conducted via TELEHEALTH unless otherwise specified.
Primary Contact Representative **(The person responsible for being present with the child at the time of the interview)**
Primary Contact Representative Name(s)/Title(s):
Primary Contact Representative's Phone Number(s):
**Video conferencing invite will be sent to this email address* Primary Contact Representative's Email Address(s):
Secondary Contact Representative (if needed)
Secondary Contact Representative Name(s)/Title(s):

Face-to-Face (special circumstance) Select	Explain special circumstance:

- **Selection of referral type**
  - Only complete the section for the specific type of referral selected on page 1.
  - Other referral sections should be left blank, or "N/A" can be included.
  - Boxes will expand to capture all referral information.

INITIAL ASSESSMENT ONLY Why child is being referred for residential treatment (Detailed mental, emotional, and behavioral health information required)

60-DAY REVIEW ONLY (including OOS) Current treatment plan goals and objectives, child's progress towards treatment, any issues noted since admission into residential program	
Admission date to residential treatment facility:	

90-DAY REVIEW ONLY (including OOS) Current mental, emotional, and/or behavioral health issues. Child's progress towards achieving goals and objectives of treatment plan

RECONSIDERATION ONLY (including OOS) Description of child's mental, emotional and/or behavioral decompensation since prior assessment and/or outline of supporting documentation not provided at the time of the prior assessment

- **Information incorporated into referral form per FL Administrative Rule 65c-28.021, Family First Prevention Services Act (FFPSA) and Child and Adolescent Needs and Strengths (CANS) assessment**

  Recommendation of the child's treating clinical professional (member of permanency team)

  Guidance from DCF:

  - DCF considers a permanency team to be those the CBC identified as being members that assist in determining permanency and who participate in the permanency staffing. This can look different from CBC to CBC.
  - Permanency teams are the people who are present. It can be in the format of an MDT.
  - For children who do not have a "treating clinical professional," the CBC would need to document that the child does not have one.
  - For children who are currently in residential treatment, their treating therapist can be considered the child's "treating clinical professional."

  Explain why the child's needs cannot be met by his/her family or in a foster family

  - The information provided should address both the family home and a foster home.

Planned Permanency

- Planned permanency should be the court-approved planned permanency (i.e., reunification with mother or adoption).
- If there is no court-approved plan (i.e., if the child was just sheltered, etc.) marking "unknown" or including the plan to be presented to the court would be appropriate.
- Summary of permanency plan goals for the youth: Can address the plan for discharge placement (i.e., a foster home) in addition to the long-term permanency plan (i.e., "The immediate plan is for the child to be placed in a foster home while working towards reunification with the bio parents.").

Recommendation of the child's treating clinical professional (member of permanency team)

Explain why the child's needs cannot be met by his/her family or in a foster family

Planned Permanency	
Caregiver Name/Relation to Child:	☐ Unknown:
Summary of permanency plan goals for the youth (including planned discharge placement)	

- **Required Documents**
  Mark each of the boxes for the supporting documentation that will be provided to a QE.

Multidisciplinary Team (MDT) meeting note

- Must be marked unless court ordered – a copy of the order is required.

Comprehensive Placement Assessment (CPA)

- Must be marked.

Mental Health Treatment History

- Must be marked, including the types of records to be provided (*if the assessment is court ordered and mental health records are unavailable, this can be left unmarked*).

Required documents
☐ Comprehensive Behavioral Health Assessment *(Initials ONLY)*
☐ Multidisciplinary Team (MDT) meeting note *(NOT required if referral is court ordered)*
☐ Comprehensive Placement Assessment (*Initials ONLY)*
Mental Health Treatment History – At least last 6 months ☐ Psychological, ☐ Psychiatric, ☐ Psychosocial, ☐ Psychosexual evaluations ☐ Therapy, ☐ Treatment plan, ☐ Medication management, ☐ ABA

☐ Delinquency information (DJJ, JDC, Probation, etc.)
☐ Other (please specify):

- **Additional Information**
  - Include any information that the QE should be made aware of.
  - The box will expand to capture all written information.

Additional Information

- **Additional Collateral Contacts**
  - Include any interested parties that may want to provide information to the QE.
  - Please only include those individuals who have current information regarding the child's case.
  - If there are no "additional collateral contacts," please leave blank.

Additional Collateral Contacts

Family Member(s)		
Name/Relation to Child:	Phone Number:	Email Address:
Name/Relation to Child:	Phone Number:	Email Address:
Name/Relation to Child:	Phone Number:	Email Address:
Other/Relation to child:		
Name/Relation to Child:	Phone Number:	Email Address:
Name/Relation to Child:	Phone Number:	Email Address: