

Youth Name:	Youth DOB:
Youth's County	FCM Name
Email & Phone Number:	Date:
Please check all the following	that apply to your youth
See both	pages
☐ Age 10-18	
\square Female <u>or</u> \square Male	
☐ IQ of 70 or above	
$\hfill \square$ Youth currently unable to live with their parents/le family	gal guardians or with an alternate substitute
$\ \square$ Youth currently being discharged from a residentia	l group home who need short-term placement
☐ Youth who exhibit behavioral, emotional, and/or n her/him at risk of private secure placement that are deevaluations, psychological evaluations, and psychosoc	ocumented in such reports as psychiatric
☐ Youth who are dependent, neglected, victims or wi	tnesses of abuse or neglect
☐ Youth with academic and behavioral difficulties in	school
☐ Youth with a history of alcohol or drug abuse that of	does not require inpatient medical treatment
☐ Youth who engage in minor, inappropriate sexual be safety and well-being of other youth and staff	pehavior that is not considered a threat to the
Exclusionary Criteria	
$\hfill \square$ Youth who are adjudicated sex offenders (with the treatment)	exception of successful completion of SMB
$\ \square$ Youth who are actively psychotic or require acute s	stabilization
$\hfill \square$ Youth who are violent, assaultive, or amoral to the the treatment staff, or the community	degree that endangers the safety of the youth,
$\ \square$ Youth with a recent history of physically aggressive case considered)	e behaviors (i.e., last six months although each
$\hfill \square$ Youth who are resistant to treatment because of finservices	equent or unreasonably lengthy absences from



☐ Youth who are actively suicidal/homicidal tendencies, or have attempted suicide in the past three months
☐ Youth who are delinquent or pre-delinquent
☐ Youth who require inpatient substance abuse treatment
\square Autistic youth (mild cases, higher functioning individually looked at)
$\ \square$ Youth requiring extensive, ongoing, or specialized medical care or physical assistance
\square Youth with physical disabilities that cannot be managed through behavioral intervention (i.e., Epilepsy, Diabetes, brain damage)
$\ \square$ Youth who have a chronic history of elopement requiring a more secure setting
$\ \square$ Youth who have been sexually exploited
$\ \square$ Youth who are beyond 36 weeks pregnant at discharge or have their own baby/child
☐ Out of State Youth
Notes Regarding Potential Exceptional Cases: