# STEP TWO: VOLUNTARY TREATMENT PROGRAM CENTRAL OFFICE REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 506 (5-2015)

Clear Fields

Date Application Received

## IDENTIFYING INFORMATION

| Name of Child | Date of Birth |
|---|---|
| | |

## PLACEMENT INFORMATION

| Name of Facility | Projected Entry Date |
|---|---|
| | |

## MEDICAID/INSURANCE INFORMATION

| | |
|---|---|
| ☐ Child is a Medicaid Recipient | Other Insurance Carrier |
| ☐ Medicaid eligibility worker informed of program involvement | Date |

## SIGNATURE REQUIREMENTS

☐ Both Parental Signatures Required ☐ One Parental Signature Required

Rationale Statement

☐ If Parental Rights have been terminated, or Parent Rights given to another person or entity, check if copy of court papers received.

Comments

| | |
|---|---|
| ☐ Voluntary Treatment Agreement received signed and notarized by required parties. | Date Received |
| ☐ Voluntary Treatment Agreement sent to parent(s) and referral source. | Date Sent |

## JUVENILE JUSTICE INFORMATION

Legal Status

☐ No past or present court involvement ☐ Pending charge ☐ Past formal involvement due only to access treatment services
☐ Past involvement handled by informal adjustments ☐ Formal adjudication

Court Action

☐ Pending charge will not bring formal adjudication proceedings ☐ Pending charge will bring formal adjudication proceedings

☐ Juvenile Justice Review completed and supportive documentation is in the file.

## CHILD WELFARE/CHILD PROTECTION INFORMATION

**North Dakota Information**

☐ Child welfare history requested ☐ Child welfare history received

Date Requested | Date Received

**Out-of-State Information**

☐ Child welfare history requested ☐ Child welfare history received

Date Requested | Date Received | State

Child Welfare Status

☐ Pending CPS Report ☐ Services Required ☐ No CPS history or involvement
☐ Resolved - Date: _____ ☐ Child Welfare involvement only with non-custodial parent
☐ Finding: _____ ☐ Services Recommended/Other Involvement (describe and answer on following page)

## CHILD WELFARE INVOLVEMENT INFORMATION

Manner in which Child Welfare services/involvement was initiated

☐ Voluntary, initiated by parent ☐ Involuntary, initiated by Child Welfare

Comments

Reason for Child Welfare Involvement

How and if county involvement relates to the need of the child to receive treatment out of the home

☐ Child welfare review completed and supportive documents are in the file.

## EFFORTS TO CONTACT NON-CUSTODIAL PARENT

| Reasonable efforts to contact | Mailing Date | Date Return Receipt Received |
|---|---|---|
| ☐ Basic Internet Search ☐ Certified Mail | | |

☐ Other Method, Describe:

Comments

☐ Contact effort with non-custodial parent completed.

## PSYCHIATRIC INFORMATION

☐ Child Has a Serious Emotional Disturbance ☐ Child Does Not Have a Serious Emotional Disturbance

Comments

| ☐ Written recommendation for Psychiatrist received | Date Received |
|---|---|

☐ Psychiatric/SED review completed and supportive documentation is in the file.

## CARE COORDINATION/CASE MANAGEMENT INFORMATION

Status

☐ Care Coordinator/Case Manager prepared to provide intensive case management is in place or has been initiated.

☐ Parent not willing to participate with Care Coordinator/Case Manager.

| Name of Care Coordinator | Telephone Number |
|---|---|
| | |

☐ Care Coordinator review completed.

Overall Comments

Decision

☐ Approved

☐ Denied due to:

- ☐ Out of home care sought due to parental capacity issues
- ☐ Child does not meet admission criteria for any PRTF or RCCF in the state
- ☐ Child not covered by Medicaid
- ☐ Parents unwilling to become involved with Care Coordinator
- ☐ Parents would not sign voluntary treatment agreement
- ☐ Out-of-state placement sought

Was review team involved? ☐ Yes ☐ No

- ☐ Child not SED
- ☐ Juvenile justice involvement
- ☐ Child welfare involvement
- ☐ Parent plan on moving out of state
- ☐ Parents unwilling to participate in reunification planning and efforts