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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**RESIDENTIAL EXTENDED STAY REVIEW FORM** |  |  |
| Date of Referral:       |
| Case Manager Name      | CM’s Telephone #      | Supervisor Name      | Supervisor Phone #      |
| Case Manager County      | Circuit   |  |
| **Child’s Identifying Information** |
| Child’s Name (Last, First, Middle)       | DCN      | DOB      | Gender      | Identified Gender      | JU #      |
| Current Placement      | Date of Placement      | Is Current Placement a QRTP [ ]  Yes [ ]  No |
| **Required Documentation (must be attached):** |
| [ ]  Current Court Order [ ]  Most recent Social Service Plan [ ]  Most recent progress reports (previous 90 days)[ ]  Current CD-265 [ ]  Current CD-275 [ ]  Current Treatment Plan from Current Placement [ ]  Original Independent Assessor Report[ ]  Recent Recommendation from Center for Excellence (if applicable) |
| **Facility Placement History (Current LS-1 Episode)** Attach additional sheets if necessary. |
| Placement      | Dates of Placement      | Was Placement in a QRTP [ ]  Yes [ ]  No |
| Placement      | Dates of Placement      | Was Placement in a QRTP [ ]  Yes [ ]  No |
| Placement      | Dates of Placement      | Was Placement in a QRTP [ ]  Yes [ ]  No |
| Placement      | Dates of Placement      | Was Placement in a QRTP [ ]  Yes [ ]  No |
| **Reason for Referral** – This is the reason listed on the original Residential & Specialized Placement Referral (CS-9).      |
| **What is the current case goal:**[ ]  Reunification[ ]  Guardianship with      [ ]  Adoption with      [ ]  APPLA[ ]  Placement with Fit and Willing Relative with       | **What is the current concurrent goal:**[ ]  Reunification[ ]  Guardianship with      [ ]  Adoption with      [ ]  APPLA[ ]  Placement with Fit and Willing Relative with      [ ]  Not Applicable  |
| **Date of FST:** **Recommendations from team regarding continued residential treatment** *What did the youth’s family and permanency team discuss regarding current treatment plan, progress of this plan, discharge plan, and progress towards discharge? What is the decision of the team regarding ongoing residential treatment?***:**  |
| **Regional Approver Signature** | **Date**      |
| **Director or Designee Signature** | **Date**      |