|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE OF SERVICE  Behavior Rehabilitation Services (BRS)  Non BRS | | | | | | | |
| NAME OF CPA | | | | | | PROVIDER NUMBER | |
| LD STAFF | | | | | | DATE | |
| Select Option: Rule is Met Rule is Not Met Not Applicable | | | | | | | |
| [**WAC 110-147-1525**](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1525) | Description | Child Initials | Child Initials | Child Initials | Child Initials | | Child Initials |
|  |  |  |  | |  |
| 3(a) | Date of birth (DOB)  Placement date  with current CPA without a break | DOB:    Comments: | DOB:    Comments: | DOB:    Comments: | DOB:    Comments: | | DOB:    Comments: |
| Date:    Comments: | Date:    Comments: | Date:    Comments: | Date:    Comments: | | Date:    Comments: |
| 3(a) (d) | Legal status- current VPA or court order  For legally free kids, need dependency petitions or other court orders regarding placement (not termination order). | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(b) 4(a) | Name and phone number of DCYF or DDA worker for emergency contact | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(c) | Medical and emergency surgical consents-  for medical and surgical consent a copy of the court order or [Caregiver (CG) Authorization DCYF 10-454](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/forms/10-454.pdf) form for non-surgery.  If authorized by court, court order acceptable. Otherwise, other written consent such as a copy of CG Authorization form | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(c) | Psychotropic medications consent (parent, court order, youth 13yrs+ with competency, or case worker if legally free) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(e) | Monthly health and safety visits by CPA case manager when the child is placed in the home (also per [WAC 110-147-1610](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1610)) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(e) | Current case plans (case worker’s court report, safety plan, or DDA case plan) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(f) | Social summary (also per [WAC 110-147-1600](https://app.leg.wa.gov/WAC/default.aspx?cite=110-147-1600)) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(f) | Development activities (physical, mental, social, and emotional) \*prudent parenting per [WAC 110-148-1530](https://app.leg.wa.gov/WAC/default.aspx?cite=110-148-1530) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(g) | Treatment plan by 30th day in care and then quarterly \*if applicable/ BRS or DDA | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(h) | Placement history with current CPA | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 3(i) | Incident/ intake reports record of CA/N referral | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(b) | Identify and meeting specific ongoing cultural, religious, and gender identity/ SOGIE needs | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(c) (e) | Medical/ health history | Well Child Exam:    Dental:    Vision:    Allergies, if applicable    Comments: | Well Child Exam:    Dental:    Vision:    Allergies, if applicable    Comments: | Well Child Exam:    Dental:    Vision:    Allergies, if applicable    Comments: | Well Child Exam:    Dental:    Vision:    Allergies, if applicable    Comments: | | Well Child Exam:    Dental:    Vision:    Allergies, if applicable    Comments: |
| 4(c) (e) | Initial health screen (must be within 5 days of OPD)  Annual physical exam (must be within 30 days of OPD then per schedule)  For DDA voluntary placements, follow DDA’s direction | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(d) | Mental health history. Medical, psychological, and chemical dependency reports (when available) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(e) | Medication disbursements documented | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(f) | Immunizations documentation  (if child’s placement exceed 30 days) Not applicable for VPA | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(g) | School records (including individual education plan (IEP)/ School Pictures/ Report Cards) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(g) | Suitable education plan  (including vocational training for children not completing high school). | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(h) | Supervision/ behavior management plan (if applicable) | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(i) | Inventory of belongings at the time of placement | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(j) | Approved list of people the child may have contact with | Comments: | Comments: | Comments: | Comments: | | Comments: |
| 4(k) | Visitation plan | Comments: | Comments: | Comments: | Comments: | | Comments: |