

Qualified Residential Treatment Case Plan Requirements

The purpose of this form is to document the requirements for case planning when a child is assessed by an independent assessor for placement or placed in a Qualified Residential Treatment Program (QRTP). It shall be completed for each assessment/placement in a QRTP.

Child's Name: _____ DOB: _____ FACTS Case #: _____
Case Planning Conference Date: _____
Date of QRTP Assessment: _____ Date of QRTP Placement: _____

1. Explain efforts to identify and include all individuals required to be on the Child and Family Team:
2. Contact information for all family members, non-related kin and members of the Child and Family Team are documented in the case file: Yes No
3. Describe how meetings are held at a time and place convenient for the family:
4. If reintegration is the goal, the parent(s) from whom the child was removed provided input on the members of the Child and Family Team: Yes No N/A
5. The 30 day independent assessment to determine appropriateness of the QRTP included the Child and Family Team: Yes No
6. Explain efforts to place siblings together or why it is not in their best interest to be placed together:
7. Basis for placement decision of the Child and Family Team and child:
8. There is documentation of the written recommendation by the QI regarding the appropriateness of the QRTP placement:
9. Attach documentation (judicial determination form or journal entry) of the court's approval or disapproval of the QRTP placement, when available.

Signature of Person Completing: _____

Date: _____

Revision Date(s): _____

