

PSB Services Provided in the Community

Was a PSB treatment program or intervention within the community accessed by the youth?

Yes No

If yes, list programs or individual treatment designed to address PSB, as well as dates of service, which were accessed by the youth:

Reason for unsuccessful service outcomes (most recent). *Check all that apply.*

Refused

Engaged in additional problematic sexualized behavior after treatment began (repeat PSB)

Other

Comments:

Criminal History

Does the youth have criminal charges related to sexual behavior? Yes No

If yes, describe:

Most recent charge:

Date:

Is the youth on the Sex Offender Registry? Yes No

Intellectual Functioning

Does the youth have an intellectual disability? Yes No Unknown

If yes, what was the IQ and date of most recent test?

Contact information for the Clinician recommending PSB residential placement:		
Name	Credential	
Clinic Name		
Address		
Phone Number	Email Address	Date CANS Completed by Clinician (optional)

Attach assessment and written recommendation for residential treatment.

Other comments:	
Case Manager/JCO	Date

STOP: SAM/Chief completes final Review of Placement Criteria, suitability, and approval.

Review of Placement Criteria (Check all that apply.)
<p>Required for referral:</p> <p><input type="checkbox"/> Clinician is recommending PSB residential treatment.</p> <p>Two or more of the following must apply:</p> <p><input type="checkbox"/> Has been served in the community and determined unsuccessful.</p> <p><input type="checkbox"/> Individual has been involved in violence during a sexualized behavior, who cannot at this time be served in the community.</p> <p><input type="checkbox"/> Individual repeatedly engaged in a PSB, who cannot at this time be served in the community.</p> <p><input type="checkbox"/> Sexual act involved a much younger or developmentally younger child (chronological or developmental equivalent of at least five years).</p>

Overall Assessment of Suitability for PSB Foster Group Care	
SAM/Chief (or designee) decision: <input type="checkbox"/> Not appropriate <input type="checkbox"/> Appropriate	
Comments:	
SAM/Chief (or designee) Signature	Date