

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
QUALIFIED INDIVIDUAL REPORT

Complete this form at the conclusion of your assessment of the child’s appropriateness for placement in a Qualified Residential Treatment Program (QRTP). Please ensure that this form is uploaded to the child’s case file in CONNECTIONS.

Client identification number (CIN):	Docket number:
Name of the child:	
Age of child at assessment:	Gender identification of child:

PLACEMENT STATUS

<input type="checkbox"/> Initial Placement – Article 10 (Abuse/Neglect) <input type="checkbox"/> Initial Placement – Article 7 (PINS) <input type="checkbox"/> Initial Placement – SSL 384-a (Voluntary Placement)/ 384 SSL (Surrender) <input type="checkbox"/> Initial Placement – Article 3 (JD)	<input type="checkbox"/> Initial Placement – Article 10-C (Destitute Child) <input type="checkbox"/> Article 10-B (Replacement) <input type="checkbox"/> SSL 404 (Close to Home placement or replacement)
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LOCATION OF CHILD AT ASSESSMENT

<input type="checkbox"/> Kinship foster boarding home <input type="checkbox"/> Non-specified setting <input type="checkbox"/> Other	<input type="checkbox"/> Non-kinship foster boarding home <input type="checkbox"/> QRTP <input type="checkbox"/> Other specified setting
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IF LOCATION AT ASSESSMENT IS QRTP

Name of QRTP:
 If location at assessment is QRTP:
 Vendor ID (VID): Date of QRTP placement: / /

NAME OF QUALIFIED INDIVIDUAL (QI) COMPLETING ASSESSMENT

QI contact information:
 QI employer:
 QI licensure:
 Date assessment began: / /
 Date of 30-day assessment decision: / /

FINAL 30-DAY ASSESSMENT DECISION

QRTP placement recommended QRTP placement NOT recommended

QI signature:	Date signed: / /
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QI NARRATIVE SUMMARY

If recommending QRTP placement, explain why the needs of the child cannot be met by family members or in a foster family home. *(Note: Reason for QRTP placement cannot be lack of foster homes.)*

Describe the strengths and needs of the child as assessed utilizing the validated assessment tool.

What type of placement is the most effective and appropriate level of care for the child in the least restrictive setting for the child?
 Describe how this placement is consistent with the child’s treatment needs, treatment goals and short-and long-term permanency planning goals while ensuring the child is in the least restrictive setting. Federal law requires documenting: why the recommended placement in a QRTP is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how placement is consistent with the short- and long-term goals for the child, as specified in the child’s permanency plan.

Describe any other factors that were considered in your decision-making process. This can include (but is not limited to): reason for placement and placement history, child strengths, child trauma experiences, available community and caregiver supports, and the desires of the child and family.

If your decision contradicts the level of care suggestion from the validated tool, please explain the reasoning behind your decision.

DOCUMENTATION-INFORMATION GATHERING

Indicate the validated assessment tool that you administered.

Name of tool:

Date administered: / /

List any other records, reports or collateral information that you used to make your decision.

Indicate the date of the child and family permanency team meeting and who contributed to the assessment and report. List individuals who were present, including their names and relationship (mental health professionals, clergy, etc.). Include persons the child suggested if the child is 14 years or older.

Date: / /

Attending:

1.

INTERVIEWS COMPLETED (CHILD, FAMILY MEMBERS, NATURAL SUPPORTS)

Name	Date of Interview	Relationship to Child	Interview Status
	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed
	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed
	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed
	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed
	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed
	Click or tap to enter a date.	Choose an item.	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed

CANS ASSESSMENT (ONLY INCLUDE IF YOU ADMINISTERED CANS ASSESSMENT)

PLEASE ATTACH THE COMPLETED CANS ASSESSMENT TO THIS REPORT.

Child service intensity level according to algorithm

Low

- CANS indicates that the best placement for the child is in a family-based setting.

Medium

- CANS indicates that the child should be placed in a family-based setting with appropriate supports (i.e., a therapeutic foster home), unless other factors (documented below) indicate QRTP or other specified setting placement is the most appropriate choice for the child.

High

- CANS indicates child may be appropriate for a QRTP level of care. QI must consider any mitigating factors (documented below) and determine that QRTP or other specified setting placement is the best placement for the child.

Describe significant findings from the CANS assessment, including an evaluation of the strengths and needs of the child in the designated placement.

CASII ASSESSMENT (ONLY INCLUDE IF YOU ADMINISTERED THE CALOCUS-CASII ASSESSMENT)
 PLEASE ATTACH THE COMPLETED CALOCUS-CASII ASSESSMENT TO THIS REPORT.

Score and Level of Care Recommendation
 Composite Score: _____

Level of Care Recommendation:

- Level 1 Recovery Maintenance Health Management
- Level 2 Low Intensity Community-Based Services
- Level 3 High Intensity Community-Based Services
- Level 4 Medically Monitored Community-Based Services
- Level 5 Medically Monitored Intensive Integrated Services
- Level 6 Medically Managed Secure, Integrated Services

Describe significant findings from the CASII assessment, including an evaluation of the strengths and needs of the child in the designated placement.

Check any factors present that you consider important about why the child might need a higher level of care than that recommended by the tool.

- Child strengths
- Caregiver strengths
- Community resources available
- Supports for caregivers available
- Therapeutic foster home available
- QRTP Exception program available and is the appropriate level of care for child.
- Other (please specify):

Check any factors present that you consider important as to why the child might be successful in a lower level of care than that recommended by the tool.

- Child strengths
- Caregiver strengths
- Community resources available
- Supports for caregivers available
- Therapeutic foster home available
- QRTP Exception program available and is the appropriate level of care for child.
- Other (please specify):

DOCUMENTATION: ASSESSMENT

Indicate if the child has a history of running away. Yes No

If yes, please describe the suspected causes and how the recommended placement will address this issue.

Indicate if the child has had multiple disrupted placements in the past. Yes No

If yes, what factors have contributed to the disruptions?

What actions are being taken to prevent disruption of the recommended placement?

List of short- and long-term mental health and behavioral goals for the child and how placement at the designated facility meets those goals.

Short-term goals:

Long-term goals:

Describe the treatment needs of the child.

Does the child agree with the assessment determination? Yes No

If no, what were the concerns discussed?

Describe how the best interests of the child were considered.

Does the child's family agree with the assessment determination? Yes No N/A – no family to consult
If no, what were the concerns discussed?

If applicable, does the child's foster family agree with the assessment determination?

Yes No N/A – no foster family to consult

If no, what were the concerns discussed?