

AB1299 RESIDENTIAL ADMISSION REPORT

Out-of-County (OOC) Foster Youth Under Presumptive Transfer

Client Initials				
Date of Admission				
Date of Discharge <small>(Resubmit document to COR upon discharge)</small>				
County of Original Jurisdiction (Placing county)				
Contractor is tasked with obtaining the following:			YES	NO
1	Placing county provided the written notification they submitted to San Diego to report the Presumptive Transfer- attach to Admission Report when submitted to COR (REQUIRED TO HAVE ON FILE- NOTIFICATION OF PRESUMPTIVE TRANSFER)	NOPT		
2	Placing county provided written documentation of Inter-Agency Placement Committee (IPC) recommended/approved Group Home/STRTP level of care	IPC		
3	Placing county provided written documentation that lower level of intervention were insufficient and Group Home/STRTP level of care is warranted	LOC		
4	Client meets Medical Necessity, is SED, and the level of Specialty Mental Health Services offered through the San Diego County contract is necessary to address client's needs	SMHS		
5	Placing county has documented commitment to be an active part of the Child and Family Team (CFT) and participate in all necessary CFT meetings.	CFT		
Verified by: Program Name: _____ Signature: _____ Print Name: _____ Date: _____		Any "NO" notation was reviewed and authorized by COR on _____. Note: Attached COR's email authorization for "NO" notation.		
Contractor Comments:		COR Comments:		