

**Alternative Application for Placement of Children in
Residential Care**

- By signing this form, the Department and the CPS worker who signs verify that the child described herein needs emergency care as defined in 40 TAC §700.1322(a), and that the information contained in this form and the written information attached to it contain as much of the information described in 40 TAC § 720.913 as are available to the worker at this time. This application expires 30 days from the date of the signature. Before then, the Department must give to the residential care provider a "Common Application for Placement of Children in Residential Care" or a newly signed Alternative Application with updated information.
- Application for placement of this child in basic residential care. The provider understands that only Level of Care 1 payments are available.

Child's Name		Date of Birth	Age	Social Security Number
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity	Primary Language	Place of Birth (city, state, country)	Child's Person ID No.
Height	Weight	Religious Preference	Child's Current Location or Placement	Country of Citizenship

1. Child's immediate needs and problems and reason for emergency or basic placement (if not adequately described below):

2. Special Needs, Problems and Behaviors

Is child considered a danger to self? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child considered a danger to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number runaways from home: →	Number runaways from placement: →
Any history of setting fires? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Program Needs? <input type="checkbox"/> Maternity <input type="checkbox"/> Preparation for Adult Living <input type="checkbox"/> Other: → Specify:		
Other Significant Problems or Behaviors			

3. Juvenile Justice History

Does the child have a history of involvement or current involvement with the juvenile justice system?..... Yes No Unknown

4. Placement History

Has the child been placed away from home before? Yes No Unknown

Most recent Placement	LOC of current/most recent out-of-home placement: →
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Reason for Discharge: _____

5. Substance Abuse History

Does the child have a history of substance abuse?..... Yes No Unknown

If yes, indicate degree of substance abuse:

Alcohol <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Inhalants <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Marijuana <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Cocaine/Crack <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Other Drugs (Specify) → <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Is specialized program required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, specify: →

6. History of Abuse and Neglect

Does the child have a history of abuse or neglect? Yes No Unknown

Physical <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Sexual <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Emotional <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Neglect <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Abandonment?..... Yes No Unknown

7.-8. Family/Parental Involvement

Managing Conservator <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> PRS <input type="checkbox"/> Other		Mother's Parental Rights Terminated <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's Parental Rights Terminated <input type="checkbox"/> Yes <input type="checkbox"/> No
Will family/others participate in treatment or cooperate with others? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can child return home? <input type="checkbox"/> Yes-Permanently <input type="checkbox"/> No-Not At All <input type="checkbox"/> For Visits Only <input type="checkbox"/> Unknown	

9. Education

Highest Grade Completed	Currently Enrolled in School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Needs <input type="checkbox"/> Regular Classes <input type="checkbox"/> Vocational <input type="checkbox"/> Resource <input type="checkbox"/> Special Education	
History of Truancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> On Campus	<input type="checkbox"/> Other (specify):
IQ Scores: Full Scale Verbal Performance		Date of Most Recent IQ Test	Name of Test
<input type="checkbox"/> Unknown		➔	

10. Physical Health/Disabilities

Does the child have a diagnosed or suspected health condition or disability? Yes No Unknown

If yes, describe the condition and treatment required, if any:

Condition <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Unknown	Severity <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown	Requires Specialized Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
List Current Medications		List Allergies

11. Mental Health

Does the child have mental health needs requiring treatment? Yes No Unknown

Date of most recent psychological or psychiatric evaluation:

DSM III Diagnosis:

Condition <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Unknown	Severity <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown	Requires Specialized Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Psychotropic medications prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ➔ If yes, specify:		
Referring Agency/Organization	Agency Contact Person	Telephone No. (Inc. A/C)
Agency Address		
Name of Person Signing Form	Title	Date and time of Emergency Placement
Where Placed--Facility Name and Location		

Signature, CPS worker

Date