



Developmental Disabilities Administration (DDA)

Lake Burien Transitional Care Facility Dedicated Review Committee (DRC) Determination

Youth's Name	ADSA ID Number	DDA CRM	Region		
Name(s) Youth Prefers to be called / Pronouns		DDA Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Request		
Committee Members Present					
Present					
<input type="checkbox"/> 1 - DDA Name: <input type="checkbox"/> 2 - DDA Name: <input type="checkbox"/> 3 - DDA Name: <input type="checkbox"/> 4 - DCYF Name: <input type="checkbox"/> 5 - OOS / BHA Name:					
Please note, the above number(s) are assigned for responses to Eligibility Determination statements in below section.					
Eligibility Determination					
Information on Youth Family and Social Supports					
	1	2	3	4	5
1. The youth would benefit from the specialized treatment provided at Lake Burien Transitional Care Facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					
2. Less restrictive services supporting youth care needs are inadequate or unavailable in their community.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					
3. Proper treatment of the youth's condition requires specialized treatment on an inpatient basis under the direction of a physician.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					
4. The specialized treatment provided is expected to improve the youth's condition in order to benefit from outpatient community-based services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					

Need – Response Analysis

The youth's needs and system response as determined by the documentation in the Lake Burien referral.

Key: 1. Basic Support; 2. Moderate Support; and 3. Intensive Support.

Mental Health		Physical Health		Behavioral Support		Educational Support		Community Resources		Family Needs	
Need	Response	Need	Response	Need	Response	Need	Response	Need	Response	Need	Response
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

Comments:

Additional Referral Comments**Recommendation**

The Dedicated Review Committee recommends admission to Lake Burien Transitional Care Facility: Yes No