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|  |  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?[ ]  Yes [ ]  No | Date of Request |
| **Committee Members Present** |
| Present [ ]  1 - DDA Name:   [ ]  2 - DDA Name: [ ]  3 - DDA Name:  [ ]  4 - DCYF Name:  [ ]  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.
 | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Comments:  |
| 1. Less restrictive services supporting youth care needs are inadequate or unavailable in their community.
 | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Comments:  |
| 1. Proper treatment of the youth’s condition requires specialized treatment on an inpatient basis under the direction of a physician.
 | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| Comments:  |
| 1. The specialized treatment provided is expected to improve the youth’s condition in order to benefit from outpatient community-based services.
 | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  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 |
| [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 | [ ]  1[ ]  2[ ]  3 |
| Comments:  |
| **Additional Referral Comments** |
|  |
| **Recommendation** |
| The Dedicated Review Committee recommends admission to Lake Burien Transitional Care Facility: [ ]  Yes [ ]  No |