



<b>SECTION F: Complete information regarding the child's medical conditions.</b>	
Date of diagnosis ( <i>month, day, year</i> )	
Medication(s) prescribed	
Dosage	
Frequency	
Reason for use	

<b>SECTION G: Provide the child's placement history information.</b>	
Placed with:	Date of placement ( <i>month, day, year</i> )
Date placement ended ( <i>month, day, year</i> )	Reason for placement ending

<b>SECTION H: Check the box that corresponds with the permanency plan for the child.</b>	
<input type="checkbox"/> Reunification <input type="checkbox"/> Guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Another Planned Living Arrangement (APLA)	

<b>SECTION I: State why residential care is being considered/requested at this time.</b>

<b>SECTION J: Complete this section if there has been an emergency placement and/or the child is ten (10) years of age or younger.</b>		
Date of diagnostic ( <i>month, day, year</i> )	Date of staffing ( <i>month, day, year</i> )	Type of facility / placement
Name(s) of individuals who participated in staffing		
Staffing details		

<b>SECTION K: This section is completed based on the DCS Clinical Consultant's review.</b>	
Name of DCS clinical consultant	Date of review ( <i>month, day, year</i> )
Recommendations	

<b>SECTION J: Residential Placement Committee Recommendations</b>