***Within 21 calendar days of qualifying significant incident (as indicated on this form below), please complete fully and submit with a current (within 30 days) CANS and current, valid CSA consent to exchange information***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEMOGRAPHICS INFORMATION** | | | | | | | | | | | | | | |
| **Youth Information** | | | | | | | | | | | | | | |
| Youth Name: enter text. | | | | | | | | | | DOB: enter a date. | | | | Sex: Select |
| CANVAS# *(if known)*:enter text. | | | | | Private Insurance: Select | | | | | | | Medicaid: Select | | |
| Race: Click to select item. | | | | | | | | Hispanic Origin: Select | | | | | | |
| Address: Click or tap here to enter text. | | | | City: enter text | | | | | State: enter text. | | | | ZIP: enter text. | |
| **PARENT/GUARDIAN INFORMATION** | | | | | | | | | | | | | | |
| Parent Guardian 1: | | | | | | | | | | | | | | |
| Name: Click or tap here to enter text. | | | | | | | | | | | | | | |
| *Check here if address is same as above* | Address: Click or tap here to enter text. | | | | | | | | | | | | | |
| City: enter text. | | | State: enter text. | | | | ZIP: enter text. | | | | Locality: enter text. | | | |
| Phone: enter text. | | | | | | Email: enter text. | | | | | | | | |
| Parent Guardian 2: | | | | | | | | | | | | | | |
| Name: enter text. | | | | | | | | | | | | | | |
| *Check here if address is same as above* | Address: enter text. | | | | | | | | | | | | | |
| City: enter text. | | | State: enter text. | | | | ZIP: enter text. | | | | Locality: enter text. | | | |
| Phone: enter text. | | | | | | Email: enter text. | | | | | | | | |
| **CASE MANAGER INFORMATION** | | | | | | | | | | | | | | |
| Name: enter text. | | | | | | | | | | | Agency: enter text. | | | |
| Phone: enter text. | | | | | | Email: enter text. | | | | | | | | |
| **PARENTAL CONTRIBUTION INFORMATION** | | | | | | | | | | | | | | |
| Youth is currently open to and receiving CSA-funded services (refer to copayment assessment on file)  Youth is a new referral to CSA; copayment waiver is requested | | | | | | | | | | | | | | |
| **AGENCY CONTACTS** ***(please indicate contact name and if status is past, current or NA)*** | | | | | | | | | | | | | | |
| CSB (Behavioral Health/DDS*)* | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| School | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| DFS | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| Juvenile Court | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| Public Heath | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| NCS | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| OFC | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| Community Provider | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |
| DBHDS Crisis Stabilization | | Name: Click or tap here to enter text. | | | | | | | | | | | Status: Select | |

|  |  |  |  |
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| **CURRENT / IMMEDIATE NEEDS** | | | |
| DSM Diagnosis: Click or tap here to enter text. | | | Medications: Click or tap here to enter text. |
| Youth and Family Strengths: Click or tap here to enter text. | | | |
| Brief description of current needs: Click or tap here to enter text. | | | |
| **SIGNIFICANT INCIDENT(S)** *(check all that apply):* | | | |
|  | Acute Psychiatric Hospitalization | enter a date. | |
|  | CSB Emergency Services Evaluation | enter a date. | |
|  | Emergency Department Boarding | enter a date. | |
| **REQUESTED IN-HOME SERVICES** *(please select one for 60-day timeframe)* | | | |
| ISS **OR**   FSS-IFPS | | Dates: start date **-** end date. | |

**Signatures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Case Manager’s Name |  | Case Manager Signature |  | Date |
|  |  |  |  |  |
| Supervisor’s Name |  | Supervisor’s Signature |  | Date |