

CLIP Voluntary Application Form

I. Child's Name: _____
Application Date: _____

NATURAL SUPPORTS

NAME	RELATIONSHIP	PHO

FORMAL SUPPORT NETWORK
(currently and actively involved)

NAME	AFFILIATION	WILLINGNESS TO BE PART OF CHILD & FAMILY TEAM	

II. CHILD AND FAMILY TEAM

Who attends the team meetings?

How frequently does the team meet? _____ How long has the team been meeting? _____

III. LIST THE STRENGTHS/SUCCESSSES OF:

Child:

Family:

IV. CHILD AND FAMILY'S PERSISTENT AND ACUTE NEEDS

Identify and Prioritize 3-5 MOST CRITICAL clinical issues that need to be addressed in treatment. Please be specific.

- 1.
- 2.
- 3.
- 4.
- 5.

Are there other important concerns: (i.e. adoption in jeopardy, family moving, legal issues such as custody arrangements, no contact orders, probation, warrants or charges pending, etc)? Be specific.

- 1.
- 2.
- 3.

V. FORMULATION

1. **What**, if any, other **resources** were sought in lieu of long term inpatient treatment?

2. **Why** is a CLIP admission sought **now** as opposed to other less restrictive options?

3. What is the expected **discharge** plan, including expected placement/residence? What is the anticipated **Length of Stay**?

VI. WHO IS THE COMMUNITY'S IDENTIFIED POINT PERSON(S) TO PARTICIPATE WITH THE CLIP FACILITY IN TREATMENT AND DISCHARGE PLANNING WHILE THIS CHILD IS A RESIDENT OF THE CLIP FACILITY?

Name _____

Affiliation/Relationship _____

Phone Number _____

Signature of RSN representative: _____

Date: _____