

Date: _____

Social Workers, Please fax front and back of this form to Assessment Center @ 408-558-5570

Case Name: _____ Case Number: _____ Focus Child: _____ D.O.B. _____

Social Worker: _____ Telephone Number: _____ Supervisor: _____ Telephone Number: _____

TDM Supplemental Plan

Upon the youth's arrival at the Assessment Center, staff should consider:

FOR POSSIBLE ARRIVAL AT THE ASSESSMENT CENTER COMPLETE AREAS 1-5

FOR CHILDREN/ADOLESCENTS ON THE RUN, RETURNING FROM THE RUN, OR AT RISK OF RUNNING COMPLETE AREAS 1-8

1. Special Medical Needs: <i>(Please describe recommended care and treatment)</i>
2. Mental Health Issues: <i>(Please circle Yes or No. If Yes, Describe behaviors and needs)</i>
3. Separation from other youth: <i>(Please circle Yes or No. if Yes, Provide reasons and details to assist caregiver in meeting youth's needs)</i>
4. Level of supervision & care needed: <i>(Is youth appropriate for a home setting? group home? Is SW seeking higher level of care through RISC? If one-on-one is needed please explain why)</i>
5. Other:
6. Significant people to contact: <i>(Please specify if contact may be unsupervised or by phone only. Also provide contact phone numbers)</i>
7. Triggers / Patterns of Running:
8. Efforts to locate:

REMINDERS: Do a Warrant/Missing Persons Report for all runaways. Call the AIC ahead of time, with approval from the program manager, when bringing the child to the AIC.