



Lake Burien Transitional Care Facility Application

Upon CRM completion of this application, the CRM must submit the referral and application packet to LakeBurienTCF@dshs.wa.gov.

Youth's Name	ADSA ID Number	Date of Birth	Age
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Provide all applicable documents with this application with the date the document was last updated:

- Current DDA Assessment:
- Consent (DSHS 14-012) **(required)**:
- Hospital / medical records for the last 30 days **(required)**:
- Last six months of Medication Management Notes:
- Current Psychiatric evaluation dated within six months **(required)**:
- All Psychiatric hospitalization discharge summaries for the past year:
- Any and all Psychiatric evaluations completed in the last two years **(required)**:
- Any completed IQ testing:
- Neuropsychological Evaluations:
- Autism Evaluations:
- Outpatient Mental Health Treatment Plans:
- Functional Behavior Assessment:
- Behavior Intervention Plan:
- BCBA / ABA treatment plans and evaluations within the past year:
- Psychosexual Evaluation:
- Speech / Language Evaluations, OT or PT evaluations:
- Education documents:
 - Current IEP **(required)**:
 - Behavior Intervention Plan:
 - Education Evaluation **(required)**:
- SUD Assessment:
- Court reports from the last two years (must include description of any recent offenses)
- Other description:

Verification of Eligibility: Section to be completed by the Dedicated Review Committee after review of documentation provided on this form.

Attestation has been made by the Dedicated Review Committee that this youth meets all eligibility criteria for specialized treatment provided at Lake Burien Transitional Care Facility:

- Yes No

Signature of Person Making Eligibility Determination	Date
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Printed Name	Title
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