



Developmental Disabilities Administration (DDA)  
**Lake Burien Transitional Care Facility**  
**Dedicated Review Committee (DRC) Determination**

Upon completion of this form, the DRC will send to the Youth Transitional Care Facility Program Manager at [LakeBurienTCF@dshs.wa.gov](mailto:LakeBurienTCF@dshs.wa.gov).

Youth's Name	ADSA ID Number	DDA CRM	Region
Name(s) Youth Prefers to be called / Pronouns			Date of Request

**Committee Members Present**

Present

- 1 - DDA Name:
- 2 - DDA Name:
- 3 - DDA Name:
- 4 - DCYF Name:
- 5 - OOS / BHA Name:
- 6 - Family Representative Name:
- 7 - Name:

Please note, the above number(s) are assigned for responses to Eligibility Determination statements in below section.

**Eligibility Determination**

	1	2	3	4	5	6	7
1. The youth would benefit from the specialized treatment provided at Lake Burien Transitional Care Facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:							
2. Less restrictive services supporting youth care needs are inadequate or unavailable in their community.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:							
3. The youth's condition requires specialized treatment under the direction of a physician.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:							
4. The specialized treatment provided is expected to improve the youth's condition in order to benefit from outpatient community-based services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:							

**Additional Referral Comments**

**Recommendation**

The Dedicated Review Committee recommends admission to Lake Burien Transitional Care Facility:  Yes  No