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| Client Name: | | Date of Request: Click or tap to enter a date. | |
| Case Monitor: | | Current Placement: | |
| Level of care: Choose an item. | | How long at this level of care? | |
| Last 3 months of progress reports submitted? | Choose an item. | Last 3 months of LMP reports submitted? | Choose an item. |
| If no, please explain: | | If no, please explain: | |

**Requests**

*\*\*If submitting 3 or more requests, attach a CR Plan\*\**

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| --- | --- | --- | --- |
|  |  | Approved | Denied |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
| 5) |  |  |  |

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| **Please provide an overview of your client’s engagement in their PSRB program over the past six months**. |
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| **Please provided an overview of medication issues over the past six months (if applicable).** |
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| **Request #** |  |  |  |  |
| 1) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 2) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 3) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 4) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |
| 5) | **Clinical Benefit(s):** |  | | |
| **Associated Risk(s):** *Select all that apply* | Recidivism  Relapse  Psychiatric Decompensation  Relationship Destabilizer  Revocation  Unauthorized Leave  Danger to Others  Other (Please explain) | | |
| **Explain Risk(s):** |  | | |
| **How Risk(s) Will Be Mitigated?** |  | | |
| Board Comments: | | | | |

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| **OFFICE USE ONLY** | | |
| **Relevant Exhibits** | Pass Policy | Exhibit(s) # |
| New Summary of Conditional Release Plan | Exhibit(s) # |
| Previous Summary of Conditional Release Plan | Exhibit(s) # |
| Last 3 Prescriber Notes | Exhibit(s) # |
| Medication Change Letters | Exhibit(s) # |
| START/Risk Assessment | Exhibit(s) # |