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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) #       |