INTERAGENCY APPLICATION FOR PLACEMENT (IAP)

Form 2087
April 2004

LEVEL OF CARE ASSESSMENT
A. Screening Profile

Child's Name			Date of Birth	Age	Social Security No.
Sex ☐ M ☐ F	Ethnicity	Primary Language	Place of Birth (city, state, country)		Child's Agency ID No.
Height	Weight	Religious Preference	Child's Current Location or Placement		Country of Citizenship

1. **Briefly describe your impressions of the child including present problems:**

   Briefly describe the child's strengths:

2. **Special Needs, Problems and Behaviors**

Is child considered a danger to self? ☐ Yes ☐ No	Is child considered a danger to others? ☐ Yes ☐ No	Number runaways from home: ➔	Number runaways from placement: ➔
Any history of setting fires? ☐ Yes ☐ No	Special Program Needs? ☐ Maternity ☐ Preparation for Adult Living ☐ Other: ➔ Specify:		
Other Significant Problems or Behaviors			

3. **Juvenile Justice History**

Does the child have a history of involvement with the juvenile justice system? ..... ☐ Yes ☐ No ☐ Unknown

If Yes:	Number of referrals to juvenile authorities: ➔	Number of adjudications for delinquent acts: ➔	Number of adjudications for CINS offenses: ➔	Current Offense

4. **Placement History**

Has the child been placed away from home before? Do not include stopover placements such as emergency shelters, detention, TYC Reception Center, informal placements with relatives, or return(s) to home ..... ☐ Yes ☐ No ☐ Unknown

If yes: Number of previous out-of-home placements: ➔	Number of failed adoption placements: ➔	LOC of current/most recent out-of-home placement: ➔
Date of discharge from most recent out-of-home placement: ➔		

Reason for Discharge:

5. **Substance Abuse History**

Does the child have a history of substance abuse? ..... ☐ Yes ☐ No ☐ Unknown

If yes, indicate degree of substance abuse:

Alcohol ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Inhalants ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe
Marijuana ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Cocaine/Crack ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe
Other Drugs (Specify) ➔ ☐ Mild ☐ Moderate ☐ Severe	
Is specialized program required? ☐ Yes ☐ No ☐ Unknown	If yes, specify: ➔

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6. History of Abuse and Neglect

Does the child have a history of abuse or neglect? ☐ Yes ☐ No ☐ Unknown

If yes, indicate degree:

Physical ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Sexual ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe
Emotional ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe	Neglect ☐ Unknown ☐ None ☐ Mild ☐ Moderate ☐ Severe

Abandonment? ☐ Yes ☐ No ☐ Unknown

7.-8. Family/Parental Involvement

Managing Conservator ☐ Mother ☐ Father ☐ FPS ☐ Other	Mother's Parental Rights Terminated ☐ Yes ☐ No	Father's Parental Rights Terminated ☐ Yes ☐ No
Will family/others participate in treatment or cooperate with others? ☐ Yes ☐ No	Can child return home? ☐ Yes-Permanently ☐ No-Not At All ☐ For Visits Only ☐ Unknown	

9. Education

Highest Grade Completed	Currently Enrolled in School? ☐ Yes ☐ No	Educational Needs ☐ Regular Classes ☐ Vocational ☐ Resource ☐ Special Education
History of Truancy? ☐ Yes ☐ No ☐ Unknown		☐ On Campus ☐ Other (specify):

IQ Scores: Full Scale	Verbal	Performance		Date of Most Recent IQ Test	Name of Test
			☐ Unknown	➔	

10. Physical Health/Disabilities

Does the child have a diagnosed or suspected health condition or disability? ☐ Yes ☐ No ☐ Unknown

If yes, describe the condition and treatment required, if any:

Condition ☐ Acute ☐ Chronic ☐ Unknown	Severity ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown	Requires Specialized Treatment ☐ Yes ☐ No ☐ Unknown
List Current Medications	List Allergies	

11. Mental Health

Does the child have mental health needs requiring treatment? ☐ Yes ☐ No ☐ Unknown

Date of most recent psychological or psychiatric evaluation: _____

DSM III Diagnosis:

Condition ☐ Acute ☐ Chronic ☐ Unknown	Severity ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown	Requires Specialized Treatment ☐ Yes ☐ No ☐ Unknown
Psychotropic medications prescribed? ☐ Yes ☐ No ☐ Unknown ➔	If yes, specify:	

Referring Agency/Organization	Agency Contact Person	Telephone No. (Inc. A/C)
Agency Address		
Name of Person Completing Form	Title	Date Completed
Where Placed--Facility Name and Location		

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A. Recommended level of care .....

List the key elements, in order of importance, that led you to the recommended Level of Care:

1. Most important:

2. Next most important:

3. Third most important:

Other considerations or comments, if any:

B. Billing Level of Care .....

If the billing level of care is different from the recommended level of care, explain:

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C. Referral/Admissions Packet

CONTENTS

SECTION 1--Social and Developmental Assessment

Describe the child's general social and developmental history. Feel free to expand the description of your impressions of the child. Be sure to include all of the following:

A. A description of the circumstances that led to the child's referral.

B. The immediate and long-range goals of placement.

C. A description of the child's relationship with other significant adults and children.

D. A description of the child's behavior, including both appropriate and inappropriate behavior:

E. The child's developmental history and current level of functioning.

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SECTION 2--Special Needs, Problems and Behaviors

Describe in detail the special needs, problems, or behaviors identified in Section 2 of the Screening Profile.

A. Suicide history. Describe in detail suicide attempts and suicidal gestures. Include the number of suicide attempts, and the date of the last known suicide attempt.

B. History of assaultive behavior.

C. Runaway history.

D. Other significant needs, problems and behaviors (including setting fires, maternity, etc.).

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SECTION 3 -- Juvenile Justice History

REFERRALS (list only one referral per date)				DISPOSITIONS				
Date	**Offense**	**Level***	**Penal Code**	**Type****	**Date**	**Offense**	**Level***	**Penal Code**
								(list only if different from referral)

***LEVEL OF OFFENSE CODES.....**TYPE OF DISPOSITION CODES:**

Total Number of Referrals: (Count only one per date) { _____ Total Number of Adjudications/ Certifications (AP,AT,PT, or CA): (Count only one per date) {	**FL=Felony** **MI=Misdemeanor** **FC=Family Code**	**CR=Counseled and Released** **IA=Informal Adjustment** **AP=Adjudicated to Probation** **PT=Proven by TYC Hearing**	**RD=Refused/Dismissed** **AT=Adjudicated to TYC** **CA=Certified as Adult**

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Briefly describe the child's history of delinquency. Include a description of contributing factors, and any patterns delinquency you detect. Indicate whether the child is a follower or a leader.

Describe the child's most recent criminal episode, contributing factors, the child's actions or role in the episode, and how this episode fits into the child's history of delinquency.

Does the child have gang affiliation? ☐ Yes ☐ No If yes, gang name: _____

Does the child admit to a gang affiliation? ☐ Yes ☐ No If yes, gang name: _____

Do any family members or relatives have gang affiliation?

☐ Yes ☐ No ☐ Unknown If yes, gang name(s): _____

TYC COMMITMENT ☐ Yes ☐ No

County	Commitment Date	Judge's Last Name	Court Name
Cause No.	Prosecuting Attorney's Name		Probation I.D. No.

TYPE OF COMMITMENT: ☐ Direct Commitment ☐ Revocation of Probation

Probation Failure ☐ Yes ☐ No	**If yes, describe most serious offense for which on probation:** ➔	**Offense Code** ➔
Reason for Failure		
Description of Current Offense		**Offense Code** ➔
Time in Detention in Connection with this Offense (Number of Days)		
Weapon Used ☐ Firearm ☐ Cutting Instrument ☐ Blunt Object ☐ Hands, Feet, etc. ☐ Other ☐ None ☐ Unknown	**Determinate Sentence** ☐ **Yes** ☐ **No**	**Time (yrs./mos.)**
OFFENSE LEVEL ➔ **Felony** ☐ Capital ☐ 1 ☐ 2 ☐ 3 ☐ State Jail	**Misdemeanor** ☐ **A** ☐ **B** ☐ **C**	**Other** ☐ **Specify:**
Gang Related ☐ Yes ☐ No ☐ Unknown	**Date of Prior TYC Commitment**	**Description of Offense** ➔ **Offense Code** ➔

ATTACH ALL COURT ORDERS INVOLVING THE JUVENILE JUSTICE SYSTEM

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Section 4--Placement History

Start with the child's first out-of-home placement:

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Child with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Child with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Child with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Child with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Child with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

Date Placed	Name of Facility or Living Arrangement	License Type
Address	Contact Person	Telephone No.
Date Placement Ended	Reason Placement Ended	
LOC and Dates Assigned	**Continued Contact of Child with Placement Recommended** ☐ Yes ☐ No ☐ Unknown	

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SECTION 5--Substance Abuse History

A. Describe the child's history of substance use, abuse, manufacture, possession, and/or delivery.

B. Describe the child's family history of substance use, abuse, manufacture, possession, and/or delivery. Include not only parents and siblings, but also extended-family members (such as grandparents, aunts, uncles) even if they do not live in the same household as the child.

C. Describe any treatment the child has received for substance abuse and the success or failure of this treatment. Include the lengths and dates of treatment, whether the program was residential or outpatient, whether the child completed the program, whether the family was included in the treatment and so on.

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SECTION 6--History of Abuse and Neglect

A. Type of Abuse and Neglect (check all that apply):

Abandonment ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	**Neglectful Supervision** ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated
Medical Neglect ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	**Physical Neglect** ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated
Emotional Abuse ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	**Physical Abuse** ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated
Sexual Abuse ☐ Reason to Believe ☐ Legally Confirmed/Adjudicated	

B. What did the parent/perpetrator do? Summarize the role of each parent/perpetrator.

C. What happened to the child? Summarize the extent of harm (or the substantial risk of harm) to the child.

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SECTION 7--Family History

Home Address (Street, City, State, Country, ZIP)	Telephone No. (inc. A/C)

Marital Status of Birth Parents
☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Marital Status of Adoptive Parents (if applicable)
☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Deaths in immediate family (list names, relationships, and age of referred child age at the time of each death):

If adopted, what does the child know about his or her birth parents?

Persons in Home

Father	Date of Birth*	Type of Parent ☐ Birth ☐ Adoptive ☐ Step	Social Security No.
Mother	Date of Birth*	Type of Parent ☐ Birth ☐ Adoptive ☐ Step	Social Security No.

BLOOD SIBLINGS	DATE OF BIRTH*	BLOOD SIBLINGS	DATE OF BIRTH*

OTHER CHILDREN	DATE OF BIRTH*	RELATIONSHIP / ROLE

OTHERS	DATE OF BIRTH*	RELATIONSHIP / ROLE

***Give approximate age if date of birth is unknown.**

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Significant Persons Out of Home

Father	Date of Birth*	Type of Parent ☐ Birth ☐ Adoptive ☐ Step	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child ☐ Yes ☐ No
Mother	Date of Birth*	Type of Parent ☐ Birth ☐ Adoptive ☐ Step	Social Security No.
Address (Street, City, State, Country, ZIP)		Telephone No. (Inc. A/C)	Currently Involved with Child ☐ Yes ☐ No

OTHERS	DATE OF BIRTH*	RELATIONSHIP / ROLE

***Give approximate age if date of birth is unknown.**

CHARACTERISTICS OF INDIVIDUAL FAMILY MEMBERS WITH WHOM CHILD HAS LIVED:	NO	YES	FAMILY MEMBER(S)
1. Violent Toward Family Members	☐	☐	
2. Suicide	☐	☐	
3. Substance Abuse Problems	☐	☐	
4. Criminal Behavior	☐	☐	
5. Involving a Child in Criminal Behavior	☐	☐	
6. Mental Retardation or Limited Intellectual Ability	☐	☐	
7. Mental Illness or Disability	☐	☐	
8. Physical Illness or Disability	☐	☐	
9. Sexual Deviance	☐	☐	

CHARACTERISTICS OF INDIVIDUAL FAMILY MEMBERS WITH WHOM CHILD HAS LIVED:	NOT AT ALL LIKE FAMILY	SOMEWHAT/SOMETIMES LIKE FAMILY	VERY MUCH OR OFTEN LIKE FAMILY
1. Chronic Poverty	☐	☐	☐
2. Chaotic Home Environment	☐	☐	☐
3. Rigid, Inflexible	☐	☐	☐
4. Smothering; Individualization of Members is Discouraged	☐	☐	☐
5. Enmeshed; Few Outside Involvements	☐	☐	☐
6. Discipline Skills Lacking	☐	☐	☐
7. Difficult or Unacceptable to Express Emotions	☐	☐	☐
8. Frequent family Moves or School Moves	☐	☐	☐
9. Child Moved from One Parent or Family Member to Another	☐	☐	☐
10. Concern with Psychosomatic Complaints	☐	☐	☐
11. Social Isolation	☐	☐	☐
12. Illiteracy	☐	☐	☐

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Briefly describe the child's relationships with family members and significant others, both in and out of the home. Address both strengths and weaknesses.

Briefly describe the overall family situation, highlighting the positive and negative aspects of the child's family environment including all the "Family Characteristics" checked on page 12.

Other significant information:

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SECTION 8--Financial Information Page of

Attach: A copy of client's Medicaid card, if any.

Name of Responsible Male	Disabled? ☐ Yes ☐ No	Occupation
Employer		Salary per
Employer's Address		
Other Income Source (1)	Amount ➔	Other Income Source (2) Amount ➔

Name of Responsible Female	Disabled? ☐ Yes ☐ No	Occupation
Employer		Salary per
Employer's Address		
Other Income Source (1)	Amount ➔	Other Income Source (2) Amount ➔

Is the family eligible for Medicaid?..... ☐ Yes ☐ No ☐ Unknown

Is the family currently receiving Medicaid?..... ☐ Yes ☐ No ☐ Unknown

Funds Applicable to Child:

VA -- Amount	VA No.	Received By		
Social Security -- Amount	Social Security No.	Received By		
CHAMPUS -- Amount	CHAMPUS I.D. No.	Received By		
AFDC/SPFC -- Amount	County Paid FC -- Amount	Child Support -- Amount	Paid By	County

Insurance Applicable to Child:

Insurance Company Name (1)	Policy Holder	Policy No.
Insurance Company Name (2)	Policy Holder	Policy No.
Insurance Company Name (3)	Policy Holder	Policy No.
Type of Insurance ☐ Basic Medical ☐ Hospitalization ☐ Basic Dental ☐ Orthodontic ☐ Mental Health		

Other Resources Applicable to Child:

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SECTION 9--Education

Attach:
A. Current IEP (Individualized Education Plan)
B. Most Recent ARD Committee report (if any)
C. Transcript
D. Adaptive Behavior Level Information (if any)

Name of Most Recent School Attended	School District
Address (fill in city and state at least, and street address if known)	

Describe any educational problems, needs, or behaviors not otherwise documented. Add any additional information you feel is important.

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SECTION 10--Physical Health/Disabilities

Attach: A. Medical Records
(1) Physical Examination
(2) Immunization Records
B. Dental Records

Describe any physical health problems or disability not otherwise documented. Add any additional information you feel is important.

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SECTION 11--Mental Health

Attach (as appropriate):

A. Psychological Report(s)
B. Psychiatric Report(s)

Describe any mental health problems not otherwise documented. Add any additional information you feel is important.

SECTION 12--Other Attachments

Attach:
A. Birth Certificate or Other Birth Verification
B. Legal Records (if any)
C. Authorization Forms

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ATTACHMENT CHECKLIST

Child's Name	Date Completed

DOCUMENT	ATTACHED	FORTH-COMING	NOT RELEVANT	NOT AVAILABLE BECAUSE
Birth Verification	☐	☐	☐	
Birth Certificate.....	☐	☐	☐	
	☐	☐	☐	
Legal Records	☐	☐	☐	
Commitment Order.....	☐	☐	☐	
Other Court Orders	☐	☐	☐	
Police Records	☐	☐	☐	
Divorce Decree	☐	☐	☐	
Custody Order.....	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
Education	☐	☐	☐	
Individual Education Plan (IEP)	☐	☐	☐	
Admission, Review, Dismissal (ARD) Report	☐	☐	☐	
Transcript	☐	☐	☐	
Adaptive Behavior Level	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
Physical Health/Disabilities	☐	☐	☐	
Physical Examination.....	☐	☐	☐	
Immunization Record	☐	☐	☐	
Dental Record	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
Mental Health	☐	☐	☐	
Psychological Report(s)	☐	☐	☐	
Psychiatric Report(s).....	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
Other	☐	☐	☐	
Medicaid Approval/Application	☐	☐	☐	
Medicaid Card	☐	☐	☐	
Social Security Card.....	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	