UNIVERSAL APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 824 (7-2021)

Clear Fields

Directions: This form is completed by the custodian (public agency case manager or a parent if child is not in North Dakota foster care) detailing current and immediate need for out of home treatment. In addition to this form; the custodian must attach additional information to determine placement and best meet the needs of the child. This form must be submitted to the treatment provider (first) and the Qualified Individual, Ascend, only if applying for a QRTP.

CHILD DEMOGRAPHICS AND INFORMATION SOURCES

Last Name	Name (First, Middle Initial)	Date of Birth

Gender	FC Case Number (FRAME)
☐ Male ☐ Female ☐ Other (specify):	

Court Case File Number(s)

Race and Ethnicity (check one)

☐ Asian ☐ Hispanic or Latino ☐ White
☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native (specify Tribal affiliation):
☐ Other (specify):

Primary Language/Means of Communication	Age	Height	Weight

Eligibility: Check all that apply

☐ Title IV-E ☐ Emergency Assistance ☐ SSI ☐ SSDI ☐ Unknown

ND Medicaid Eligible	ND Medicaid Number
☐ Yes ☐ No ☐ Unknown	

Third Party Insurance	Name of Insurance Policy Holder
☐ None ☐ Yes (provide requested details)	

Insurance Policy Number	Name of Insurance Company	Telephone Number

Address	City	State	ZIP Code

Date Entered into Foster Care	Age at Entry Into Foster Care	Financially Responsible County/Zone

Current Residence Address	City	State	ZIP Code

Child's Current Living Arrangement (or type - e.g., home, foster home, etc.)

☐ Family Setting (parents)
☐ Family Setting (relatives) (specify): _____
☐ Family Foster Care (licensed)
☐ Family Foster Care - Therapeutic/Treatment (TFC)
☐ Qualified Residential Treatment Program (QRTP)
☐ Psychiatric Residential Treatment Facility (PRTF)
☐ Other (specify): _____

INFORMATION SOURCES

Case Manager Name	Legal Custodian Agency Name	Case Manager Telephone Number

Case Manager Email Address	Case Manager Fax Number

Name(s) of Parent(s) (if not in public custody)	Legal Custodian Type ☐ DJS ☐ County ☐ Tribe ☐ Parent	Parent(s) Telephone Number

Address	City	State	ZIP Code

INFORMATION SOURCES (continued)

Include on this chart primary supports or Child and Family Team (CFT) members who are involved in the child's case plan.

Name of Primary Support or Child & Family Team Member	**Relationship to Child** (mother, father, sibling, grandparent, guardian ad litem, foster parent, teacher, etc.)	**Telephone Number**	**Involvement** 1 = Minimal 2 = Inconsistent 3 = Involvement Pending 4 = Consistent with Limited Engagement 5 = Consistent and Engaged	**Types of Supports** C = Calls L = Letters V = Visits O = Other (describe)

Involvement - If rated 1,2,3, or 4 above, describe each primary support's involvement in further detail, giving specific examples.

SERVICES SOUGHT/REFERRAL TYPE

Services Sought/Referral Type Applying for (check all that apply)

- ☐ Family Foster -TFC (send to TFC agency)
- ☐ Psychiatric Residential Treatment Facility (PRTF) (send to PRTF)
- ☐ Qualified Residential Treatment Program (QRTP) Application/Initial Request (send to Ascend and Facility)

If QRTP was selected: Provide name(s) of QRTP facility this application was also submitted to:

Facility	Facility	Facility

QRTP Admission Date	Date if Already Admitted as an Emergency Placement
Proposed Admission Date	Anticipated Discharge Date

Will the child's QRTP assessment meeting (face-to-face) with the Qualified Individual be held in a location other than their current residence noted on page 1? ☐ Yes-list address below ☐ No

Address	City	State	ZIP Code

The QRTP Assessment Outcomes Report will be sent by the Qualified Individual to the custodial case manager and to the court (if child is in public custody). The Qualified Individual must e-file, so the child's court number on page 1 is required before submission.

List the Court Where the Child's Case is Heard

PLACEMENT HISTORY

Placement History (Beginning with the most current placement, describe the child's placement history)

Setting Type (e.g, TFC, QRTP, PRTF, Foster Care, Bio Home, etc.)	**Provider** (if applicable)	**Start to End Dates**	**Reason for Placement**	**Treatment Plan Completed?**	**Describe why the placement ended** (provide details)
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

If the child is placed in a treatment setting, explain in detail the child's discharge plan:

REASON FOR REFERRAL AT THIS LEVEL OF CARE

Why are treatment services being sought now? Create a timeline providing details of pertinent events (within the last 90 days that led to this referral:

What are the current behaviors or safety risks (last 30 days) that require treatment placement for the child?

What services and supports would be necessary for the child to remain in a family setting?

Why is a least restrictive treatment option insufficient to meet the child's needs?

CHILD AND FAMILY STRENGTHS AND RESILIENCY FACTORS

☐ Asks for support when needed
☐ Confident
☐ Cultural identity
☐ Empathetic
☐ Follows rules
☐ Genuine interest in school
☐ Hobbies
☐ Optimism
☐ School work/chores independently
☐ Social
☐ Resilient
☐ Spirituality
☐ Talents/interests
☐ Vocational/work ethic
☐ Other (describe): _____

Family Strengths
☐ Cultural identity ☐ Interpersonal ☐ Optimism ☐ Spirituality ☐ Talents/interests ☐ Vocational/work ethic ☐ Other

SOCIAL AND ECONOMIC RISK FACTORS

- ☐ Abuse history (emotional, physical, sexual) victim
- ☐ Acculturation difficulty (e.g. refugee status)
- ☐ Adopted
- ☐ Homeless
- ☐ Unsafe Neighborhood
- ☐ Substance use by parents or primary support
- ☐ Abandonment by parents or primary support
- ☐ Birth of a sibling
- ☐ Exposure to disaster/war(describe): _____
- ☐ Death of a family member or primary support (describe): _____
- ☐ Other (describe): _____
- ☐ Divorce
- ☐ Domestic Violence
- ☐ Employment instability
- ☐ Family discord
- ☐ Poverty/inadequate finances
- ☐ Unstable Illness
- ☐ Neglect by parents or primary support
- ☐ Remarriage of a parent
- ☐ Removal from home
- ☐ Family incarceration/conviction(s)

CHILD'S CURRENT AND CONSISTENT BEHAVIOR/SYMPTOMS

This is specific to the past 30 days only. Provide only the recent progress notes and incident reports.
List mental health, intellectual, developmental and substance related diagnosis. D=Daily; W=Weekly; M=Monthly

	D	W	M
Anxiety	☐	☐	☐
Danger/violence to others	☐	☐	☐
Threatening behaviors or actions	☐	☐	☐
School Refusal	☐	☐	☐
School Misbehavior	☐	☐	☐
Intentional Misbehavior	☐	☐	☐
Impulsivity	☐	☐	☐
Self care/Hygiene	☐	☐	☐
Depression	☐	☐	☐

	D	W	M
Property destruction	☐	☐	☐
Fighting	☐	☐	☐
Fire Setting	☐	☐	☐
Harm to animals	☐	☐	☐
Harm to self	☐	☐	☐
Suicidal threats	☐	☐	☐
Suicidal attempts	☐	☐	☐
Delinquent behavior	☐	☐	☐
Peer relationship issues	☐	☐	☐

	D	W	M
Sexual aggression	☐	☐	☐
Sexual exploitation	☐	☐	☐
Substance use	☐	☐	☐

- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Diagnosis: _____
- ☐ Diagnosis: _____
- ☐ Diagnosis: _____

In order to accept the application, the referral must attach details from the past 90 days specific to:

- ☐ Child and family team meeting notes or most recent permanency plan/case (if in public custody);
- ☐ Any recent discharge information (if previously placed in a facility/treatment setting);
- ☐ Any assessment, testing, IEP, medication list, diagnosis detail, or specialist evaluations;
- ☐ Any progress notes specific to therapeutic intervention.
- ☐ No previous history to share. Attach a narrative with any pertinent information known and detail why treatment is being requested.

REFERRAL INFORMATION

Who completed the form?
☐ Case Manager ☐ Parent ☐ Other: _____

Name of Referrer		Referral Date
Email Address	Telephone Number	Fax Number