

M. **Community Tenure in the last 12 months – Select all the out of home placements this client experienced:** Psychiatric Hospitalization Residential Treatment Center (RTC) placement Juvenile Justice Detention At Risk of Placement New DFPS placement (other than Respite) Other _____

N. **Outpatient Services in the last 12 months- Select all Outpatient options client accessed:** MH/SUD Partial Hospital Program MH/SUD Intensive Outpatient Program (IOP) Cognitive/ Behavioral or other traditional talk therapy Therapy targeting trauma related issues Applied Behavioral Analysis Group Therapy Other _____

O. **LTSS Terms of Use Signed?** Y or N or Unknown

P. **LTSS Terms of Use Acknowledged By?** LAR or Self or Non-LAR

Q. **Notes:** _____