Person Served Name: _____ SmartCare ID #:_____

Person Served Medi-Cal ID # (CIN) or Social Security #: _____

Date of Birth: _____

Date of most recent CFT meeting: _____

Did the team and family agree to IHBS? ☐Yes ☐ No Frequency of IHBS:_____

Did the team and family agree to ICC? ☐Yes ☐ No

Does youth qualify for Katie A. status? ☐ Yes ☐ No

For DBH use only:

Authorization Approved: ☐Yes ☐No

Comments:

URS Name: _____ Signature: _____

Date: _____