

WHITFIELD MURRAY COUNTY INTERAGENCY PLANNING TEAM RECORD

Client Information			Out of home Placement			Dates of Out of Home Placement		
Client Name:			1.			1.		
Date Of Birth:			2.			2.		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			3.			3.		
Representing Agency:			4.			4.		
Match Date:			5.			5.		
Type of Custody:			6.			6.		
School System			Mental Health Services			DJJ Involvement		
Yes No			Yes No			Yes No		
Attendance Support Team:			Service Provider:			PO:		
MountainBrook:			Date of Onset:			Onset Date:		
Special Ed. Classes:			Date of Eval:			Screening Panel Date:		
Crossroads Alternative:			Psychological Eval:			Supervision Services: <input type="checkbox"/> <input type="checkbox"/>		
Behavior Aids:			Individual Therapy: <input type="checkbox"/> <input type="checkbox"/>			Life Skills Program: <input type="checkbox"/> <input type="checkbox"/>		
			Family Therapy: <input type="checkbox"/> <input type="checkbox"/>			Case Management: <input type="checkbox"/> <input type="checkbox"/>		
			Medication(s): <input type="checkbox"/> <input type="checkbox"/>			STPs: <input type="checkbox"/> <input type="checkbox"/>		
			Outpatient Services: <input type="checkbox"/> <input type="checkbox"/>			DJJ Commitment: <input type="checkbox"/> <input type="checkbox"/>		
			Day Support Program: <input type="checkbox"/> <input type="checkbox"/>			Intake Service: <input type="checkbox"/> <input type="checkbox"/>		
			Community Support (CSI): <input type="checkbox"/> <input type="checkbox"/>					
			Group Therapy: <input type="checkbox"/> <input type="checkbox"/>					
Family and Children Services			Court Appointed Special Advocate (CASA)			Committee Recommendations		
Yes No			Recommendations:					
Foster Care Placement:								
Group Home Placemen:								
Parent Aid:								
Wrap Around Services:								
Mother's Parental Rights Terminated:								
Father's Parental Rights Terminated:								
In Home Services:								
Update Notes								

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Notes For:

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