



**UNIVERSAL APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 824 (9-2019)

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

**CHILD DEMOGRAPHICS AND INFORMATION SOURCES**

Name (First, Last, Middle Initial)		Date of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (specify):		FC Case Number	Court Case File Number
Race and Ethnicity (check one) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native (specify Tribal affiliation): <input type="checkbox"/> Other (specify):			
Primary Language/Mean of Communication	Age	Height	Weight
Eligibility: Check all that apply <input type="checkbox"/> Title IV-E <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Unknown			
ND Medicaid Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		ND Medicaid Number	
Third Party Insurance <input type="checkbox"/> None <input type="checkbox"/> Yes (provide requested details)		Name of Insurance Policy Holder	
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.) <input type="checkbox"/> Family Setting (parents) <input type="checkbox"/> Qualified Residential Treatment Program (QRTP) <input type="checkbox"/> Family Setting (relatives) (specify): _____ <input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF) <input type="checkbox"/> Family Foster Care (licensed) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Family Foster Care - Therapeutic/Treatment (TFC)			

**INFORMATION SOURCES**

Case Manager Name		Case Manager Telephone Number	
Case Manager Email Address		Case Manager Fax Number	
Legal Custodian Name (Agency or Parents)	Legal Custodian Type <input type="checkbox"/> DJS <input type="checkbox"/> County <input type="checkbox"/> Tribe <input type="checkbox"/> Parent	Legal Custodian Telephone Number	
Address	City	State	ZIP Code

**INFORMATION SOURCES (continued)**

Child and Family Team Member (CFTM) (include any individual involved with the child's care not identified elsewhere in this form)

Parent's Name	Parent's Telephone Number
Parent's Name	Parent's Telephone Number
CFTM 1	CFTM 1 Telephone Number
CFTM 2	CFTM 2 Telephone Number
CFTM 3	CFTM 3 Telephone Number

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

Where will the child's assessment meeting (face-to-face) with the qualified individual be held?

If different than the current residence address listed on page 1 please provide address below:

Address	City	State	ZIP Code
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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

**REASON FOR REFERRAL AT THIS LEVEL OF CARE**

What child behaviors/systems require a treatment placement?

What specific treatment options were ruled out or determined insufficient to allow the child to remain in their home?

**CHILD AND FAMILY STRENGTHS AND RESILIENCY FACTORS**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asks for support when needed | <input type="checkbox"/> Genuine interest in school       | <input type="checkbox"/> Resilient               |
| <input type="checkbox"/> Confident                    | <input type="checkbox"/> Hobbies                          | <input type="checkbox"/> Spirituality            |
| <input type="checkbox"/> Cultural identity            | <input type="checkbox"/> Optimism                         | <input type="checkbox"/> Talents/interests       |
| <input type="checkbox"/> Empathetic                   | <input type="checkbox"/> School work/chores independently | <input type="checkbox"/> Vocational/work ethic   |
| <input type="checkbox"/> Follows rules                | <input type="checkbox"/> Social                           | <input type="checkbox"/> Other (describe): _____ |

**Family Strengths**

- |  |  |                                   |                                       |  |  |
|--|--|-----------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Cultural identity | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Optimism | <input type="checkbox"/> Spirituality | <input type="checkbox"/> Talents/interests | <input type="checkbox"/> Vocational/work ethic |
| <input type="checkbox"/> Other             |  |                                   |                                       |  |  |

**SOCIAL AND ECONOMIC RISK FACTORS**

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

<b>Primary Support System</b> <b>Relationships (specify parent, grandparent, sibling, and others significant to the child)</b>  <input type="checkbox"/> No supports (either check none or describe below)	<b>Involvement</b> 1=Minimal 2=inconsistent 3=involvement pending 4=consistent but limited engagement 5=consistent and engaged	<b>Last Involvement</b> (specify date)	<b>Type of Support</b> C=Calls L=Letters V=Visits O=Other (describe)	<b>Lives in the Primary Home of Child</b> Yes/No

**CHILD'S CURRENT AND CONSISTENT BEHAVIOR/SYMPTOMS (provide progress notes and incident reports)**

D=Daily; W=Weekly; M=Monthly

List mental health, intellectual, developmental and substance related diagnosis

	D	W	M		D	W	M		D	W	M
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger/violence to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatening behaviors or actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Refusal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harm to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____			
School Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harm to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____			
Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____			
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis: _____			
Self care/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delinquent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis: _____			
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer relationship issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diagnosis: _____			

**CURRENT TREATMENT GOALS**

Goal	Start Date	Intervention	Frequency	Progress Toward Goal

Additional details about overall treatment history and engagement:

**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)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral must attach:

- Child and family team meeting notes, and most recent permanency plan (if in public custody):
- Any progress notes or recent discharge information, if previously placed;
- Any assessment, testing, IEP, medication list, diagnosis detail, and any specialist evaluations.
- 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