

INTENSIVE IN-HOME SPECIAL REQUIREMENTS CHECKLIST

MUST HAVE ALL PRESENT

<input type="checkbox"/> Axis I or II diagnosis present, other than a sole diagnosis of Developmental Disability
<input type="checkbox"/> Treatment in a less intensive service (e.g. community support) was attempted or evaluated during the assessment but was found to be inappropriate or not effective
<input type="checkbox"/> The youth and/or family have insufficient or severely limited resources or skills necessary to cope with an immediate crisis
<input type="checkbox"/> The youth and/or family are unmanageable in school based or behavioral program settings and require intensive coordinated clinical and positive behavioral interventions
<input type="checkbox"/> The youth is at risk of out-of-home placement or is currently in an out-of-home placement and reunification is imminent