



Client Name (last, first)	Client ID	
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**Justification:** Include with this request form *a separate sheet with a written justification for the request*. On that sheet, describe the behaviors exhibited by the client within the last week that warrant the requested level of care (identify frequency, intensity, and duration of behavior). Describe specific behaviors or symptoms that cannot be addressed in outpatient treatment. Describe failed treatments within the past month. Describe support system and functioning (family and peer relations, school behaviors, self-care) in past month. Explain how services can reasonably be expected to improve the client's condition so that the client can be transferred to a less intensive level of care.

**Section 3: Continued Service**

**Continued Service Criteria** (select all that apply):

- The persistence of withdrawal symptoms require continued medical monitoring on a 24-hour basis.
- A biomedical problem or condition continues to present a health risk and is being actively treated.
- The client continues to display significant depression, with thoughts of self-harm, but is making progress in achieving treatment outcomes.
- The client exhibits intensification of symptoms that would jeopardize his/her ability to respond to treatment at a less intensive level of care.
- Problem aspects of the client's living environment persist and the client has not yet demonstrated the skills necessary to cope with them.

**Justification:** Include with this request form *a separate sheet with a written justification for the request*. On that sheet, explain why the client's condition has not improved sufficiently to be transferred to a less intensive level of care. Describe specific behaviors or symptoms that cannot be addressed in outpatient treatment.

**Section 4: Authorized Signatures**

Assessment Provider (for initial request)	
Signature	Date
Residential Treatment Provider Physician (for continuing stay request)	
Signature	Date

**Fax to: Department of Alcohol and Drug Programs  
Attn: Barry Scheel. FAX: 916-324-4886  
Phone: 916- 445-0136**

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