



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**INTERAGENCY PLACEMENT REVIEW COMMITTEE
RCL 13/14 SURVEY FOR CERTIFICATION OF CHILD**

Client Name: _____

Date of Birth: _____ Legal Status: _____

As a result of a mental disorder, client meets one or more of the following three criteria:

	YES	NO
1. Demonstrates substantial impairment in at least two of the following areas:		
self care	<input type="checkbox"/>	<input type="checkbox"/>
school functioning	<input type="checkbox"/>	<input type="checkbox"/>
family relationships	<input type="checkbox"/>	<input type="checkbox"/>
community functioning	<input type="checkbox"/>	<input type="checkbox"/>
<u>AND</u> either of the following occur:		
has been placed out-of-home or is at risk of removal from home	<input type="checkbox"/>	<input type="checkbox"/>
disorder has been present for more than six months or is likely to continue for more than one year without treatment.	<input type="checkbox"/>	<input type="checkbox"/>
2. Displays one of the following:		
psychotic features	<input type="checkbox"/>	<input type="checkbox"/>
risk of suicide	<input type="checkbox"/>	<input type="checkbox"/>
risk of violence	<input type="checkbox"/>	<input type="checkbox"/>
3. Meets special education eligibility requirements under Chap. 26.5 (commencing with Section 7570) of Div.7 of Title 1 of the Government Code.	<input type="checkbox"/>	<input type="checkbox"/>

and a Current Diagnosis (within one year) of:

Axis I: _____	Diagnosed by: _____
Axis II: _____	
Axis III: _____	
Axis IV: _____	Name _____ Prof. Des. _____
Axis V: _____	Date: _____

I certify that _____ meets the diagnostic criteria of Seriously Emotionally Disturbed as defined in Section 5600.3 of the Welfare and Institutions Code and subject to Section 1502.4 of the Health and Safety Code, and is in need of RCL 13 or RCL 14 level of care and supervision.

Lisa Quartiroli, LCSW
Licensed County Mental Health Professional

