

2000 Embarcadero Cove, Suite 400 Oakland, California 94606 (510) 567-8100 / TTY (510) 533-5018

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 criteri

Date of Birth:		Legal Stat	ıs:	
As a result of a mental di	isorder, client meets one or	more of the follo	owing thr	ee criteria:
1 5		Cal	YES	NO
1. Demonstrates substated following areas: self care school funct family relation community:	onships	two of the		
AND either of the formula has been plated is at risk of the second secon	ollowing occur: ced out-of-home or removal from home			
months or is	been present for more than slikely to continue for more thout treatment.			
2. Displays one of the psychotic fe risk of suicid risk of viole	atures de			
under Chap. 26.5 (co	tion eligibility requirements ommencing with Section 75 f the Government Code.			
Axis I: Axis II:	·	Diagnosed by:		
Axis IV:	N	Jame Oate:	Pr	of. Des.
Disturbed as defined in	meets the description of the Welford Safety Code, and is in	fare and Instituti	ons Code	e and subject to Section
Lisa Quartiroli, LCSW Licensed County Mental				

