**YOUTH NON-ADMITS OR 14-DAY NOTICE TO/FROM STRTPs**

**(Optional) PROBATION FORM**

**Form Instructions**

1. Send email to: CCR@dss.ca.gov
2. Copy: rosie@cpoc.org; stephanie@cpoc.org
3. Email Subject Line:
	1. “Name of Your County- Immediate Assistance Needed”; **OR**
	2. “Name of Your County- Information Only”

**Basic Information**

**Date:**

**County Placing Agency:**

**Please indicate one of the following: FYI (No Assistance Needed) or Immediate Assistance Needed**

**Non-Admit or 14-Day Notice:**

1. **Youth Identifier (optional):**
2. **Where is Youth Currently Placed:**
3. **Type of Placement Looking For (e.g. ISFC, TFC, STRTP, all, or other):**
4. **Brief Description of Youth’s Strengths and Needs**:
5. **Has a CFT been held? Brief Summary of Recommendations**
6. **Has the STRTP provided you their required documentation regarding reason for Non-Admit or 14-Day Notice?**
7. **Youth Characteristics/Needs (please check all boxes that are applicable):**

□ **Receives SMHS**  □ **Actively Psychotic and/or Suicidal**

□ **Regional Center Client** □ **History of Property Destruction**

□ **IEP or 504 Plan** □ **Fire Setting Behavior**

□ **Sexual Orientation and Gender Identity**  □ **History of Sexual Behaviors**

□ **CSEC** □ **History of AWOL**

□ **Substance Use**  □ **Animal Cruelty Behavior**

□ **History of Physical Violence** □ **Physical Health Needs *(includes diabetes,***

 ***(includes aggressive behavior) physical disabilities)***

**STRTP Contact Log**

**STRTP Name:**

**Facility Location:**

**Date Initially Contacted:**

**Date of Non-Admit or 14-Day Notice Decision:**

**Reasons Given for Non-Admit or 14-Day Notice:**

**[Repeat as necessary]**