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

**(Optional) PROBATION FORM**

**Form Instructions**

1. Send email to: [SOCTACALLS@dss.ca.gov](mailto:SOCTACALLS@dss.ca.gov)
2. Copy: [rosie@cpoc.org](mailto:rosie@cpoc.org); [stephanie@cpoc.org](mailto: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**

1. **Date:**
2. **County Placing Agency:**
3. **Please check one of the following boxes:**

□ **FYI (No Assistance Needed)**

□ **Immediate Assistance Needed**

1. **Please check one of the following boxes:**

□ **Non-Admit**

□ **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]**