

SUMMARY NOTES: Thirty Day Restrictive Placement Case Review

DATE:	
UAC Name:	
A#:	
D.O.B.:	
Care Provider¹:	
Placement Type:	

Date and decision of UAC's last 30 day restrictive placement case review or initial placement at this facility, as applicable:

Is the 30 day review late, if so describe why (e.g. critical staff member unavailable; holiday):

Summary of discussion:

¹ If a TAR RTC, list name of "base" care provider first followed by the name of the RTC provider.

Summary of assessments/evidence:

Care Provider Recommendation (briefly describe):

Case Coordinator Recommendation (briefly describe):

FFS Decision (briefly describe):

Signature of Note Taker: