Maryland
DEPARTMENT OF HEALTH

Behavioral Health Administration

RESIDENTIAL REHABILITATION PROGRAM
DISPOSITION FORM

☐ **Pre-Screen**

Consumer's Name: _____

Consumer's Administrative Service Organization Member #: _____**Consumer's Date of Birth** _____

RRP Provider Name: _____

Date Assessment Completed: _____

1. Consumer is **accepted** for Residential Placement.

   a. Preferred Level: Intensive ___ General ___

   Specialty Bed designation:
   None ___ Deaf ___ ITCOD ___
   TAY ___ DD/MH ___ Geriatric ___

   b. Projected Date of Placement: _____

   c. Address of RRP Residence: _____
   _____

   d. Brief Summary of Assessment and Service Needs:

2. Consumer is **not accepted** for Residential Placement due to the following reason(s):

a) _____ Denied RRP services because applicant is currently, or has been recently, dangerous to self or others:
Circle item(s): Assaultive Hospital incident Seclusion/Restraints Other-specify
Date of most recent incident: ___ /___ / ___
Explain your selection:

b) _____ Denied RRP services due to applicant's criminal history:
Circle item(s): History of violent crime Sex offender Pedophilia Sex Offender Registry – Tier ___
Illegal Drug charges/arrests Current charges Other-specify
Explain your selection AND List Dates or year of crime(s) below if known:

c) _____ Denied because the individual may present a dangerous/unhealthy environment for the current mix of residents: (N/A for pre-screen)

State specific reason:

d) _____Denied due to history of fire setting: Type of danger to individuals or property:

Circle item(s): Burned property Burned person Charged w/ Arson Other-specify below

Date of most recent incident: ___ / ___ / ___ Number of past incidents: _____

Explain your selection:

e) _____ Denied due to serious medical condition(s) requiring a higher level of care.

State specific medical condition(s): _____

_____

_____

Describe the functional needs of the applicant that the RRP is unable to address: _____

_____

_____

_____

f) Other reasons for denial not listed in items a-e:

☐ Applicant refuses RRP placement. Reason for applicant's refusal: _____

_____

☐ Other: _____

_____

_____

_____

Signature: _____ Date: _____

Printed name: _____ Title: _____

Agency: _____ Phone: _____

This form is to be faxed to the CSA/LBHA within 10 days of receipt of referral.