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| department of health servicesDivision of Care and Treatment ServicesF-01623 (10/2016) |  | state of wisconsin |
| **OARS – RESIDENTIAL PLACEMENT REVIEWS** |
| Participant Name (Last, First, MI) | DOC # | Date of Review | Case Manager Name |
|       |       |       |       |
| Facility Name | Date of Admission | Type of Placement |
|       |       | [ ]  CBRF [ ]  AFH [ ]  Supported Apartment |
| Reason for Admission – What are the reasons and goals identified for the participant’s initial placement? |
|       |
| Summary regarding current status/Reason for continued placement – A brief overview of how the participant has been doing within this placement. What progress has been made during the past month? |
|       |
| Placement Goals - What are the specific time-limited and measurable goals identified that need to be achieved prior to moving the participant to a lesser restrictive setting? |
|       |
| Target Behavioral Changes needed to achieve discharge - What are the reasonable target behavior changes that need to occur prior to discharging from this placement?  |
|       |
| Target Date of Discharge - When do we plan to have the participant transitioning from this placement?  |
|       |
| Next Placement Review Date – Monthly reviews |
|       |