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| department of health services  Division of Care and Treatment Services  F-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 | | | | | |
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