

St. Clair County Community Mental Health Authority
Non-Crisis Group Home Agency Profile

Date Submitted to Agency: _____

Date Response is Due: _____

Is this an Emergency Placement?

☐ **Yes** (Decision due within 48 Hours)

☐ **No** (Decision due within 7 days)

Send Response To:

CMH Placement Coordinator: Brooke Sniesak Phone #: 810-941-5454 Email: bsniesak@scccmh.org

Group Home Agency Decision:

☐ Approved ☐ Denied

Director/Supervisor Signature: _____ Decision Date: _____

If placement is denied, please provide rationale:

Referral Details:

Agency: _____ Home: _____

Individual: _____ Case #: _____ DOB: _____ Sex: _____

Guardian? ☐ Yes ☐ No **If Yes:** Name: _____ Phone #: _____

Case Holder: _____ Program: _____

Work: _____ School: _____ Source of Income: _____

Medical Needs: _____

☐ Verbal ☐ Non-Verbal ☐ Uses Sign Language

☐ Ambulatory ☐ Non-Ambulatory

Uses Assisted Devices? ☐ Yes ☐ No **If Yes, please list:** _____

Requires Barrier-Free Home? ☐ Yes ☐ No

Medications:

Final Checklist:

Opened in OASIS to Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attached Case Consult	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attached Current IPOS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court Ordered for Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Forward Copy to Contract Management