

St. Clair County Community Mental Health
Crisis Group Home Determination

Date/Time of Request: _____ Date/Time of Decision: _____

Group Home Agency Decision:

☐ Approved ☐ Denied

If placement is denied, please provide rationale:

Referral Details:

Individual: _____ Case #: _____

Placement Meeting:

Date/Time of Meeting: _____

Explain Timeframe:

Forward Copy to Contract Management