Client Name:	**Record Number:**

Treatment is medically necessary for the above named client. Screening, Case Consultation and Evaluation are to be delivered under standing orders in accordance with Area Program policy.

Need (check)	Service	Date of Order	Signature
	Outpatient Treatment Individual/Group		
	Case Management		
	Community Based Services-Professional (Individual/Group)		
	Community Based Services-Paraprofessional (Individual/Group)		
	Assertive Community Treatment Team		
	Day Treatment		
	Partial Hospitalization		
	Psychosocial Rehabilitation		
	Facility Based Crisis		
	Family Type Residential Treatment - Level I		
	Family/Program Type Residential Treatment - Level II		
	Residential Treatment - High Level III		
	Residential Treatment - Secure Level IV		