



# Continued Stay Request Form Child and Adolescent Residential Treatment

**Youth's Name:**

**Youth's Date of Birth:**

**RTC Provider:**

**Updated Diagnosis:**

**Updated Medications:**

**The most significant behaviors, in the last 30-days, requiring continued stay in RTC:**

1) Date:

Behavior:

Planned  
Interventions:

2) Date:

Behavior:

Planned  
Interventions:

3) Date:

Behavior:

Planned  
Interventions:

**The most recent family/community support interventions, in the last 60-days:**

Date:

Intervention:

Outcomes /  
Next Steps:

**Agency Involvement:**

DSS/DJS Point Person:

Contact Information:

**Additional Clinical  
Information:**

**Discharge  
Plan:**

**Would you like a clinical consultation on treatment or discharge planning?**

Yes:

No:

**Person Filling out the form:**

Name:

Contact information:

**Therapist:**

Name:

Contact information: