CLIENT PLACEMENT FORM

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Name:	Account #:
Program # □ □ □ ▨	Facility □ □ □ ▨

L.A.C.:

Client Status: ☐ *Admission*   ☐ *Transfer in Service*

Date of Placement *(mmddyyyy)*   □ □ | □ □ | □ □ □ □

PRIMARY PLACEMENT

Level of Care *(select one)*	Type of Care *(select one)*
☐ *0.5 – Early Intervention* ☐ *1.0 – Outpatient Treatment*	☐ *Outpatient Care*
☐ *2.1 – Intensive Outpatient Treatment*	☐ *Intensive Outpatient Care*
☐ *2.5 – Partial Hospitalization*	☐ *Day Treatment*
☐ *3.1 – Low-Intensity Residential* ☐ *3.3 – Medium-Intensity Residential*	☐ *Intermediate Care*
☐ *3.5 – High-Intensity Residential*	☐ *Inpatient Free Standing Care*
☐ *3.7 – Monitored Intensive Inpatient*	☐ *Inpatient Hospital Care* ☐ *Detox*
☐ *4.0 – Managed Intensive Inpatient*	☐ *Detox*

CONCURRENT PL

Level of Care *(select one)*	Type of Care *(select one)*
☐ *0.5 – Early Intervention* ☐ *1.0 – Outpatient Treatment*	☐ *Outpatient Care*
☐ *2.1 – Intensive Outpatient Treatment*	☐ *Intensive Outpatient Care*
☐ *2.5 – Partial Hospitalization*	☐ *Day Treatment*
☐ *3.1 – Low-Intensity Residential* ☐ *3.3 – Medium-Intensity Residential*	☐ *Intermediate Care*
☐ *3.5 – High-Intensity Residential*	☐ *Inpatient Free Standing Care*
☐ *3.7 – Monitored Intensive Inpatient*	☐ *Inpatient Hospital Care* ☐ *Detox*
☐ *4.0 – Managed Intensive Inpatient*	☐ *Detox*

Comments: