

QUALIFIED INDIVIDUAL'S THERAPEUTIC NEEDS ASSESSMENT

I, _____ [Name], declare under penalty of perjury, pursuant to Mont. Code Ann. § 1-6-105, that the following is true and correct:

1. I am a "Qualified Individual" as defined in Mont. Code Ann. § 41-3-102(25) and have personal knowledge of the facts contained in this unsworn declaration.

2. On _____, 20____, the Montana Department of Public Health and Human Services, Child and Family Services Division, placed child, _____, in _____ [name of facility], a "Therapeutic Group Home (TGH)" as defined in the Administrative Rules of Montana, ARM 37.97.102(21).

3. On _____, 20____, I assessed the child's strengths and needs to determine the appropriateness of the child's placement by using an age-appropriate, evidence-based, validated functional assessment tool and a copy of my assessment is **attached**.

4. I worked in conjunction with the child's family and Level of Care Assessment team while conducting and making my assessment of the child.

5. The child's permanency plan was identified as [**CHECK ONE BOX**]:
 reunification with the child's parent or guardian; permanent placement of the child with the noncustodial parent, superseding any existing custodial order; adoption; guardianship; or long term legal custody if the child is in a planned permanent living arrangement.

6. I developed the following list of child-specific short-term and long-term mental and behavioral health goals: _____.

7. I have determined that the child's needs could not be met with any family members or through placement in a foster home and that placement of the child in a TGH provides the most effective and appropriate level of care in the least restrictive environment and is consistent with the short- and long-term goals for the child set forth above for the following reason/s: _____.

Pursuant to Mont. Code Ann. § 1-6-105, I declare under penalty of perjury (and under the laws of the state of Montana, if executed outside of the State of Montana) that the foregoing is true and correct, and was executed on the _____ day of _____, 20____, at _____ (City), _____ (State).

Signature of Qualified Individual