

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Professional Assertion of Need for PRP Services

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*In order for a child to receive PRP services, he/she must meet certain medical eligibility criteria. The referring Mental Health Professional must provide assertion that the minor meets all of the clinical criteria outlined below.*  
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My signature serves as my professional assertion that this individual meets the medical eligibility criteria outlined below and is expected to benefit from Psychiatric Rehabilitation Program (PRP) Services based on the following:

1. The child has a Behavioral Diagnosis.
2. Pharmacotherapy has been considered for this child (whether it was deemed appropriate or not).
3. The youth's mental illness is the cause of serious dysfunction in one or more life domains (home, school, community). The impairment as a result of the youth's mental illness results in: ***(check all that apply)***
  - \_\_\_ a. A clear, current threat to the individual's ability to be maintained in his/her customary setting, or
  - \_\_\_ b. An emerging/pending risk to the safety of the individual or others, or
  - \_\_\_ c. Other evidence of significant psychological or social impairments such as inappropriate social behavior causing serious problems with peer relationships and/or family members.
4. The individual, due to dysfunction, is at risk for requiring an out of home or residential placement, or is returning from out of home or residential placement.
5. The individual's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the individual's recovery.
6. The individual does not require a more intensive level of care and is judged to be in enough behavioral control to be safe in the rehabilitation program and benefit from the rehabilitation services provided.

\_\_\_\_\_  
Signature & Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of MH Professional Providing Assertion