

**PM Form 3.22.1**

**Out-of-State Placement  
Initial Notice**

**Please provide the following information for each person being considered for Out-of-State Placement:**

**Initial Notice**

Name of Person			
First	Middle	Last	
Date of Birth	I.D. Number	AHCCCS I.D. Number	Health Plan
T/RBHA	T/RBHA Contact Person	T/RBHA Contact Phone	T/RBHA Contact FAX
<b>Initial Notice Questions:</b>		<b>Date:</b>	
<p><b>Briefly outline the primary behavioral health needs for which an out-of-state placement is being sought:</b></p>			
<p><b>Where/With whom is the child currently located?</b></p>			
<p><b>What is the proposed placement? (Include name of program and location):</b></p>			
<p align="center"><b>Please list all In-State-Supports contacted and why each <u>was not</u> successful:</b></p>			
In-State-Support(s) Considered		Reason(s) not successful	
1.		1.	
2.		2.	

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<b>3.</b>	<b>3.</b>
<b>4.</b>	<b>4.</b>
<b>Please refer to the attached list of in-state residential programs, ensure that all have been considered, and describe why none listed can meet the behavioral health needs of the child:</b>	
<b>What type of programming or supports will be necessary for this person to return to Arizona?</b>	
<b>What are your plans to secure the needed programming or supports required to return this child to Arizona?</b>	
<b>Are there barriers that may prevent this person from returning to Arizona?    Yes <input type="checkbox"/>    No <input type="checkbox"/></b>	
<b>If yes above, please describe these barriers and your strategies to overcome them:</b>	
<b>Please describe the specific objectives you expect to have placed in the service plan that will promote the child's return to a less restrictive, community-based environment:</b>	