

Positive Alternatives Referral Checklist

- Positive Alternatives- Marathon County Referral Form (all placement types)
- SMART goals, must be received within 30 days of placement
- Crisis/Safety Plan (all placement types)
- Permanency Plan, if applicable
- Dispositional Report, if applicable
- Court Orders, if applicable
- CANS (most recent), if applicable, but must be received by intake or within 30 days of placement if 1st out of home placement
- Discharge Reports from previous placements, if applicable
- Foster Care Part A and B (Reasonable and Prudent Parenting), if applicable

TPC Placements will need the PA-MC Referral Form completed for screening the referral to occur

Placement Acceptance Documentation Checklist

- Court Order Placement/Temporary Placement Consent/Voluntary Placement Agreement
 - Date of placement must match intake date
- Parent/Legal Guardian Forms
 - Client Rights and Denial of Rights
 - Intake Consent
 - DCF Medical Services Consent **AND**
 - Marshfield Clinic Release of Information **OR**
 - Aspirus Clinic Release of Information
 - North Central Health Care Release of Information
 - Positive Alternatives Release of Information
 - Visit Agreement
- Copies or originals
 - Birth Certificate
 - Social Security Card
 - Medical Insurance card(s)
- Approved Phone Incoming/Outgoing Log