

Questionnaire: Child Private Non-Medical Institution (PNMI)

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1. *Is this request a new treatment/episode of care?*

(Please select one.)

- Yes
- No

2. *Is member involved with the corrections system?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 2

2.1.1. *Please Explain:*

3. *Provide rationale why member requires structure and supervised living with active treatment seven days per week, twenty four hours per day:*

4. *What is frequency of meetings with guardian?*

5. *What specific behaviors have occurred since last review period that pose a risk of harm to self or others?*

- | | |
|--|--|
| <input type="checkbox"/> Police contacted during the last authorization period due to risk of harm to self or others | <input type="checkbox"/> Member injury due to aggression |
| <input type="checkbox"/> Staff injury due to aggression | <input type="checkbox"/> Suicide attempts |
| <input type="checkbox"/> Elopement | <input type="checkbox"/> Other |

If you answered "Other" on question 5

5.6.1. *Explain other:*
