



Developmental Disabilities Administration (DDA)  
**Lake Burien Transitional Care Facility**  
**Dedicated Review Committee (DRC) Determination**

Upon completion of this form, the DRC will send to the Youth Transitional Care Facility Program Manager at [LakeBurienTCF@dshs.wa.gov](mailto:LakeBurienTCF@dshs.wa.gov).

Youth's Name	ADSA ID Number	DDA CRM			Region
Name(s) Youth Prefers to be called / Pronouns				Date of Request	
<b>Committee Members Present</b>					
Present					
<input type="checkbox"/> 1 - DDA Name:					
<input type="checkbox"/> 2 - DDA Name:					
<input type="checkbox"/> 3 - DDA Name:					
<input type="checkbox"/> 4 - DCYF Name:					
<input type="checkbox"/> 5 – OOS / BHA Name:					
Please note, the above number(s) are assigned for responses to Eligibility Determination statements in below section.					
<b>Eligibility Determination</b>					
<b>Information on Youth Family and Social Supports</b>					
	1	2	3	4	5
1. The youth would benefit from the specialized treatment provided at Lake Burien Transitional Care Facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					
2. Less restrictive services supporting youth care needs are inadequate or unavailable in their community.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					
3. The youth's condition requires specialized treatment under the direction of a physician.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					
The specialized treatment provided is expected to improve the youth's condition in order to benefit from outpatient community-based services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:					

**Need – Response Analysis**

The youth’s needs and system response as determined by the documentation in the Lake Burien referral.

Key: 1. Basic Support; 2. Moderate Support; and 3. Intensive Support.

Mental Health		Physical Health		Behavioral Support		Educational Support		Community Resources		Family Needs	
Need	Response	Need	Response	Need	Response	Need	Response	Need	Response	Need	Response
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

Comments:

**Additional Referral Comments**

**Recommendation**

The Dedicated Review Committee recommends admission to Lake Burien Transitional Care Facility:  Yes  No