Wake County, North Carolina
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Licensed under 10A NCAC 27G .1700

Pre-Placement Screening Form

Clinical fit assessment for Level III residential treatment

Form ID: WSI-F02

Completed by Well Spring Intervention clinical staff during the screening process.

SCREENING INFORMATION

Child's Name: _____ **Screening Date:** _____

Screened By: _____ **Referral Source:** _____

CLINICAL FIT ASSESSMENT

Does the child meet criteria for Level III RTF?

- ■ Yes
- ■ No
- ■ Needs further review

Contradictions to placement (check any that apply):

- ■ Active suicidal ideation with plan
- ■ Requires locked/secure setting
- ■ Sexual offending behavior (unmanaged)
- ■ Severe intellectual disability
- ■ Active substance withdrawal requiring detox
- ■ Fire-setting (recent, unmanaged)
- ■ None identified

SCREENING DECISION

- ■ Accepted — proceed to pre-placement visit
- ■ Accepted with conditions
- ■ Not accepted — does not meet clinical criteria
- ■ Not accepted — safety concerns
- ■ Deferred — need additional information

Clinical Screener Signature	**Printed Name**	**Date**
Qualified Professional Signature	**Printed Name**	**Date**