

Name:	OID:
Unit/Room/Cell:	Facility/Site: Select A Facility

SDMP Multidisciplinary Placement Staffing

Staffing Date:

Mental Health Status:

Are any factors checked "yes" on the incarcerated person's mental health profile in COMS? yes no

If YES, notify the mental health supervisor for completion of the mental health screening (301.088B).
 mental health screening (301.088B) filed in IP's Mental Health Record.

Physical Health Status:

Are any disabilities or special needs checked in the incarcerated person's health profile in COMS?

yes no

If YES, which ones:

Program Needs:

CD Treatment	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> refused	<input type="checkbox"/> completed
SO Treatment	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> refused	<input type="checkbox"/> completed
Education (ABE/GED)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> refused	<input type="checkbox"/> completed
Career/Technical	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> refused	<input type="checkbox"/> completed

Team members:

Team Discussion:

Documents reviewed in Discussion:

Annual Review (date) Incident Reports (date)
 NOV (number) Other (be specific)

Incarcerated person Input Summary:

Team Recommendation: Refer to SDMP Do Not refer to SDMP

Comments:

Incarcerated Person Name:	OID:
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Warden Placement Approval:

- Support** placement on SDMP
- Do not support** placement on SDMP.

Signature: _____

Date:

Name Printed:

If SMI, signatures required: N/A

Mental Health Placement Approval:

- Support** placement on SDMP
- Do not support** placement on SDMP.

Signature: _____

Date:

Name Printed:

Deputy Commissioner, Facilities/designee Program Placement Approval:

- Support** step-down management program placement
- Do not support** step-down management program placement

Signature: _____

Date:

Name Printed: